

# **PANDEMIC INFLUENZA OPERATIONS PLAN**

Judith A. Monroe, M.D.  
State Health Commissioner

June 2009



Indiana State  
Department of Health



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## Introduction

This document forms the core of the Indiana State Department of Health Pandemic Influenza Plan. It is intended to provide a brief outline of the plan so that a reader can quickly obtain an overview. Details will be provided in annexes to this plan so that readers may quickly move to the parts of the plan that are of immediate concern. This provides a format in which each individual/unit/group/agency can work with an annex of manageable size while having access to the entire plan when needed.

## Situation

An influenza pandemic is expected to occur about once every 30 years. Pandemics can cause a large portion of the population to become ill with widespread overload of the healthcare system and possible disruption of basic infrastructure services (such as delivery of food to grocery stores).

### A. Assumptions

1. The pandemic does not start in North America
2. The early cases to occur in the United States are not in Indiana or an adjacent state
3. A separate annex is included in case the above assumptions are not correct. (That is, the pandemic starts in North America and/or one or more of the earliest cases in the United States is in Indiana.)
4. The pandemic is of Pandemic Severity Index (PSI)<sup>1</sup> 5. (If it is of lesser severity, some elements of this plan may not be executed. Professional judgment will have to be exercised as to which elements are necessary to execute, after consulting guidelines in the annexes to this plan.)
5. Absenteeism will include those who are:
  - a. ill with pandemic influenza
  - b. asked to stay at home because they are contacts of influenza patients and may have become infected and therefore might spread disease (those in voluntary quarantine)
  - c. giving supportive care to their sick household members
  - d. concerned that they may have pandemic influenza
  - e. concerned with having potential contact with other sick individuals
  - f. well persons who remain at home to care for children due to school or daycare closure
  - g. in bereavement due to the loss of life of family members or significant others
6. Infection will spread rapidly.

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<sup>1</sup> Community Strategy for Pandemic Influenza Mitigation. Available at <http://www.pandemicflu.gov/plan/community/commitigation.html>

7. The clinical disease attack rate will likely be 20% to 40%.
8. Worker absenteeism may be 30% or higher in the general population and 40% or higher in healthcare workers.
9. Fatality rates will depend on severity, but may be in excess of 2% of the population.

**B. Facts**

1. Unlike most other disasters, pandemic influenza evolves slowly. Pandemics come in waves lasting weeks to months, with periods of relatively low activity separating the waves. Neither the number of waves, their timing, nor their severity can be predicted. (The 1918-1919 Spanish Flu pandemic came in three waves with a total duration of about one year. Other pandemics have had different patterns.)
2. Susceptibility to pandemic influenza virus infection will be universal and no one will have natural immunity.
3. A vaccine specific for the prevention of infection by the pandemic strain will not be available for several months after the pandemic begins and will remain in inadequate supply for some time thereafter.
4. It is not known if the pandemic strain may be susceptible or resistant to available antivirals
5. The degree of public compliance with non-pharmaceutical countermeasures is unknown. While the effectiveness of these countermeasures may be surmised from studies of the 1918-1919 pandemic, there is no guarantee of effectiveness.
6. Some persons will become ill from pandemic influenza but may not develop clinically significant symptoms. These persons may be able to transmit pandemic influenza to non infected persons.

**Mission Statement**

The Indiana State Department of Health will respond to protect the health and welfare of the citizens of Indiana to the maximum extent possible. The Indiana State Department of Health will provide disease surveillance and situational awareness with regard to the pandemic; coordinate the provision of antiviral medications, coordinate the provision of pandemic vaccine when it becomes available; and coordinate healthcare resources to ensure equitable distribution of these resources to the extent possible.

**Execution**

- A. The Indiana State Department of Health (ISDH) will operate with the Indiana Department of Homeland Security and will provide technical, scientific and medical guidance.
- B. The ISDH will operate with the Indiana Department of Homeland Security and will be lead agency for Emergency Support Function 8 (ESF 8)

### C. Concept of Operation

1. The ISDH will operate out of its offices at 2 North Meridian St., Indianapolis, IN and at its laboratory facilities.
2. During at least parts of the pandemic 24/7 operation will necessary, requiring appropriate shift scheduling.
3. In order to minimize employee exposure to possible infection (and subsequent absenteeism), the ISDH COOP (Annex C) will be implemented.

### D. Tasks

1. Epidemiology Resource Center/Surveillance and Investigation
  - a. Conduct surveillance for the presence of pandemic influenza
  - b. Continue to conduct surveillance activities to track the magnitude of the pandemic, observe its characteristics, and observe any changes in viruses or disease pattern.
  - c. Provide subject matter expertise to the incident commander, the State Health Commissioner and others, as required.
  - d. Coordinate epidemiology and surveillance with CDC and other states.
2. Laboratory
  - a. Conduct testing of epidemiologically relevant specimens for the presence of the pandemic influenza virus
  - b. Characterize selected specimens for changes in the virus, either using its own facilities or by forwarding to another reference laboratory (CDC, etc.)
3. Public Affairs
  - a. Prepare and distribute appropriate public information messages about the pandemic
  - b. Provide input into the crafting of public statements for the State Health Commissioner, the Governor and others, as needed.
  - c. Provide assistance to Local Health Departments in crafting appropriate public information messages about the pandemic
4. PHPER
  - a. SNS – Distribute antivirals, vaccine (when available), and SNS and other supplies.
  - b. Coordinate, run and support the Department Coordination Center (DCC), including both IT and logistical support and recruitment of staff to support operations of the DCC (such as clerical and financial staff).
  - c. When the State Health Commissioner determines that vaccine supplies are adequate for distribution to the general public, PHPER will initiate mass vaccination.
  - d. Track hospital and alternate care site bed surge and availability.
  - e. Coordinate with other state agencies.
  - f. Coordinate with federal agencies (other than CDC on epidemiology and surveillance, see D.a.iv).
  - g. Man the ESF 8 desk at the State EOC.

5. Mental Health
  - a. Work with health care providers and first responders
  - b. Provide input to messages to public to assist with the mental wellbeing of the population
  - c. Work with families of victims and with survivors
  - d. Subject matter expert (SME) on mental health for ISDH
6. Legal
  - a. Prepare (in advance) a draft of the Governor's declaration of emergency and obtain preliminary clearance from the Governor's Office. This is intended to mitigate any delay in making the declaration when the time comes.
  - b. Make final changes to Governor's declaration of emergency and obtain Governor's concurrence.
  - c. Prepare (in advance) a draft of the Health Commissioner's declaration of closing of schools and mass gatherings and obtain preliminary clearance. This is intended to mitigate any delay in making the declaration when the time comes.
  - d. Make final changes to the Health Commissioner's declaration of closing of schools and mass gatherings.
  - e. SME for legal matters to ISDH, including providing an SME in the DCC.
7. Administration
  - a. Maintain continuity of ISDH operations, including development and implementation of the ISDH Continuity of Operations Plan (COOP).
  - b. Maintain building operations and security.
8. Food Safety
  - a. Coordinate with local health departments regarding food safety under health department jurisdiction
  - b. Coordinate with Indiana Board of Animal Health (BOAH)
  - c. Coordinate with FDA and USDA, as needed.

### **Logistical Support**

- A. Identified in annexes

### **Control and Signal**

- A. The DCC will be located at 2 North Meridian St, Indianapolis, Indiana in the 8<sup>th</sup> floor training room.
- B. Operations will be structured according to Incident Command System (ICS) guidelines and will conform to NRP/NIMS requirements.
- C. Internet will be the primary means of communication. Commercial telephone will be secondary. Cell phone, 800MHz radio, and satellite phone will be tertiary.

**Contact Information and Confidentiality**

Throughout this plan responsible individuals are identified by organizational title/position and not by name. This allows for staff turnover without having to revise the plan. Where contact information is needed, an individual will be designated to maintain the contact list and distribute it on a need-to-know basis. The list will not be published in the plan documents. This allows for maintaining confidentiality of information (such as home phone numbers) and for easy revision due to staff turnover or organizational change.

**Table of Annexes**

<b>Annex</b>	<b>Subject</b>
A.	Background information on Pandemic Influenza
B.	Plan Triggers – Pandemic Stages, Intervals, Severities and Actions
C.	ISDH Continuity of Operations Plan (COOP)
D.	Epidemiology and Surveillance
E.	Laboratory
F.	Community Containment
G.	Medical Countermeasures
H.	US Ports of Entry
I.	Support and Coordination of Healthcare Facilities
J.	Management of Mass Fatalities
K.	Tactical Communications
L.	Mental Health
M.	Special considerations if the pandemic starts in North America and/or if some of the earliest cases in the United States are in Indiana or an adjacent state



## Annex A

### Background Information on Pandemic Influenza

#### I. Definitions

- A. **Influenza (flu)** – a contagious respiratory illness, caused by influenza virus
- B. **Seasonal Influenza** – influenza that occurs around the world every year, usually in the winter.
  - 1. Severity varies from year to year, but it is milder than pandemic influenza because humans have some immunity to seasonal influenza, but not to pandemic influenza.
- C. **Pandemic Influenza** – a serious form of influenza caused by a novel influenza virus which has not been experienced by currently living humans.
- D. **Avian Influenza** or **bird flu** – influenza in birds, not in humans.
  - 1. Humans can sometimes catch avian influenza directly from birds.
    - a. Generally this does not spread from human to human.
    - b. It does not become a human influenza virus until it can spread easily from human to human
- E. **Swine Influenza** or **pig flu** – influenza in pigs, not in humans.
  - 1. Humans can sometimes catch swine influenza directly from pigs.
    - a. Generally this does not spread from human to human.
    - b. It does not become a human influenza virus until it can spread easily from human to human.
    - c. The North American H1N1 influenza virus that appeared in humans in 2009 is not swine flu.
- F. **“Stomach flu”** – There really is no such thing as “stomach flu.” The term is used loosely by lay people and some healthcare professionals to refer to a self-limiting gastrointestinal illness.
  - 1. “Stomach flu” is not influenza.
- G. **Pandemic** – A world wide epidemic
  - 1. Special meaning for influenza
    - a. Starts with a new influenza virus which has not been experienced by currently living humans
    - b. Easily spreads from human to human
- H. **Isolation** – Separating ill individuals from those not ill
  - 1. To prevent ill individuals from transmitting disease to others
- I. **Quarantine** – Separating those exposed to an illness from those not exposed
  - 1. To prevent exposed individuals who may become ill from transmitting disease to others

#### II. History

- A. Influenza has occurred throughout history. (Based on historical descriptions of pandemic influenza-like illness)
- B. 10 times in the last 300 years
  - 1. Averages every 30 years

- C. 3 times in 20th century
  - 1. 1918 – 1919 Spanish Flu
    - a. Estimated 40 million deaths worldwide
    - b. Young adults (ages 20-34) - high mortality rates
    - c. Pregnant women – highest case-fatality rate
    - d. Severity of illness:
      - i. Cyanosis
      - ii. Hemorrhage
      - iii. neurological presentation
      - iv. pneumonia
  - 2. 1957 – 1958 Asian Flu
    - a. US deaths: 60,000
    - b. Global deaths: 1 million
  - 3. 1968 – 1969 Hong Kong Flu
    - a. US deaths: 40,000
    - b. Some immunity from 57-58
  - 4. All three pandemics had a huge social and economic impact

### **III. Characteristics of a Pandemic**

- A. Occurs in waves
  - 1. 4 to 12 weeks long
  - 2. Several months apart
- B. Pandemic Influenza Not Seasonal
  - 1. Typical influenza season occurs every winter (November – March)
  - 2. Pandemics can develop during fall, winter, spring and even summer
- C. Attack rate of 20% to 40%
  - 1. Compared to typical seasonal influenza attack rates of 5 to 20%
- D. Excess mortality
  - 1. Compared to seasonal influenza mortality of 36,000/year in the U.S.
- E. May be severe in all ages
  - 1. Compared to seasonal influenza which is most severe in the very old and the very young
- F. Incubation period unknown.
  - 1. May or may not differ from the seasonal influenza incubation period of 1 to 4 days
- G. Infectious period unknown.
  - 1. May or may not differ from the seasonal influenza infectious period of 1-2 days before symptoms through one week after onset.
- H. Duration
  - 1. Probably longer than the 7-day duration of clinical illness in seasonal influenza.

### **IV. Mode of Transmission**

- A. Primary transmission mode is by large droplets from talking, sneezing, and coughing.
  - 1. Must be within 3 to 6 feet of a person shedding virus to catch influenza by this mechanism.

- B. Secondary mode of transmission is by contact with an infected individual or through touching contaminated surfaces (doorknobs, telephones, keyboards, etc.)

#### **V. Vaccine**

- A. Pre-pandemic vaccine
  - 1. Very limited supply
  - 2. May or may not be effective for the actual pandemic virus
- B. Pandemic vaccine
  - 1. Can not begin making this until the pandemic starts and the actual pandemic virus is isolated
  - 2. Will take 4 to 6 months after that to receive the first batches of vaccine
  - 3. Many more months before vaccine is in adequate supply for the entire population

#### **VI. Antivirals**

- A. May or may not be sensitive to antiviral medication
  - 1. As of this writing, most H5N1 avian influenza viruses found in humans have been sensitive to oseltamivir and zanamivir.
- B. Even though production has been increased in recent years, it is not likely that enough antiviral medication will be available for treatment and prophylaxis.

#### **VII. Community Impact**

- A. Widespread
  - 1. Pandemic will likely occur across most of the state almost simultaneously
- B. Long-term
  - 1. Successive waves may last a year or more
- C. Local response critical
  - 1. State and federal support will be spread too thin to provide significant manpower to any local jurisdiction
  - 2. Mutual aid will be difficult to receive since all jurisdictions will be facing the same manpower shortage
- D. Essential services will have to be maintained with as much as 1/3 of the workforce out sick

#### **VIII. Economic Implications**

- A. 20% to 40% of workforce out at any given time due to personal or family illness
- B. Possible collapse of goods and materials supply chains
  - 1. Not enough workers to manufacture, harvest, process or deliver goods and services in the usual amounts.
- C. Possible store closings

#### **IX. Influenza Prevention Practices**

- A. Practice healthy hygiene
  - 1. Cover your cough or sneeze with a tissue
  - 2. Cough into your elbow if you have no tissue
  - 3. Wash your hands often with soap and water for 20 seconds.
  - 4. Discard used tissues (then wash your hands!)
  - 5. Don't use handkerchiefs
- B. Social distancing
  - 1. People should stay away from work when ill
  - 2. People should stay an "arm's length" (3 ft.) away from others

3. Schools, day cares, and mass gatherings may be closed by state or local government
  - a. Parents will need to be prepared to take care of children not in school or arrange for care

**X. Lessons from 1918: -- Timing of social distancing interventions**

- A. No place escaped the entire pandemic
  1. A few places escaped the second wave
    - a. Most were islands
    - b. The only non-islands were:
      - i. An isolated community in the Colorado Rocky Mountains
      - ii. A TB sanatorium isolated in NY mountains
    - c. All had some cases after lifting restrictions
- B. A few places had a reduced number of cases during the second wave
  1. All instituted non-pharmacological interventions early
  2. Most lifted the restrictions too soon
  3. Examples ([Figure 1](#)): A Tale of Three Cities
    - a. Philadelphia ([Figure 2](#))
      - i. Closed schools and mass gatherings late (after attack rate was already 10.8%) and reopened too soon
      - ii. No discernable effect on death rate
    - b. St. Louis ([Figure 3](#))
      - i. Closed schools and mass gatherings when attack rate was only 2.2%
      - ii. Reopened after other cities had passed their peak death rate
      - iii. Had a markedly reduced death rate
    - c. Pittsburgh ([Figure 4](#))
      - i. Closed mass gatherings when attack rate was 3.7%
      - ii. Closed schools later
      - iii. Had an intermediate death rate

Figure 1. A comparison of 1918 influenza death rates in several cities by week.

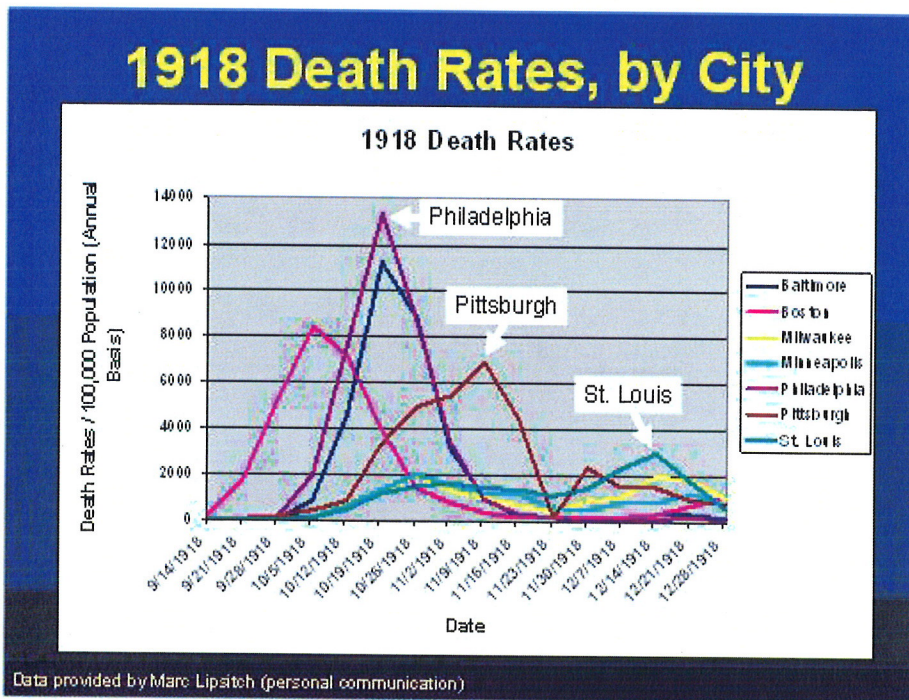


Figure 2: Philadelphia

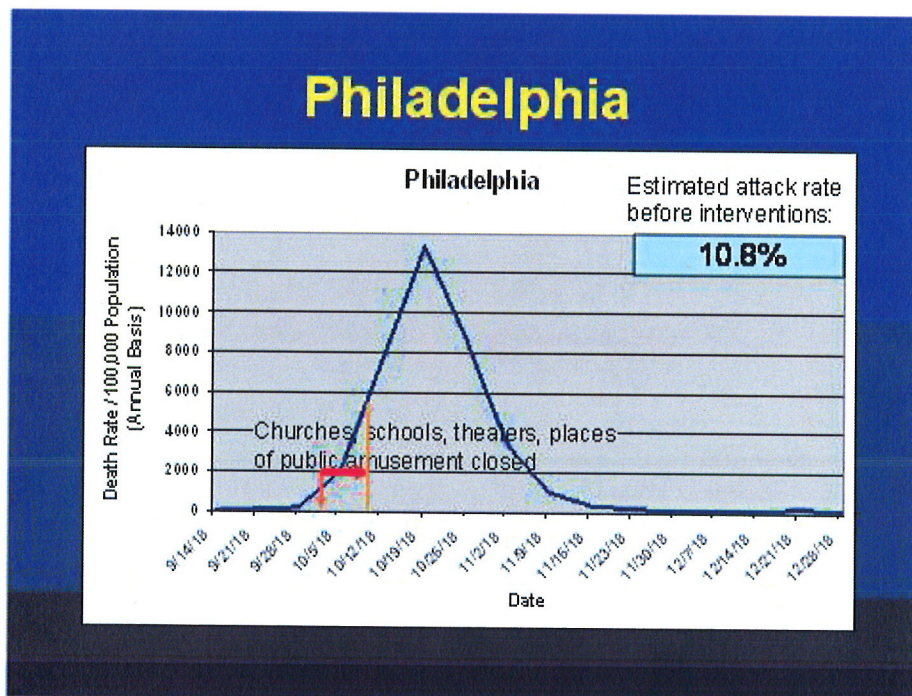


Figure 3. St. Louis

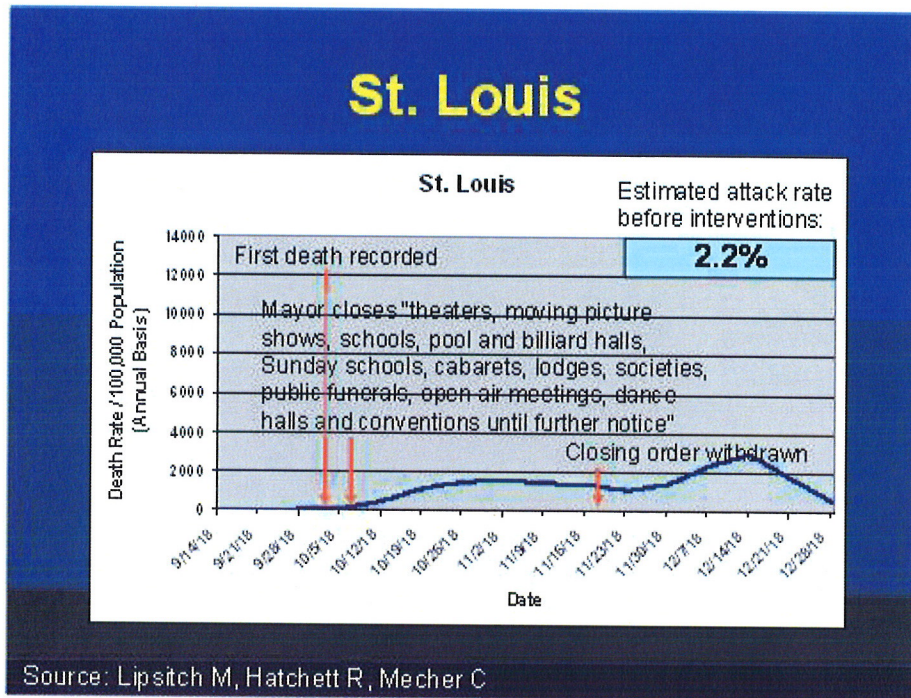
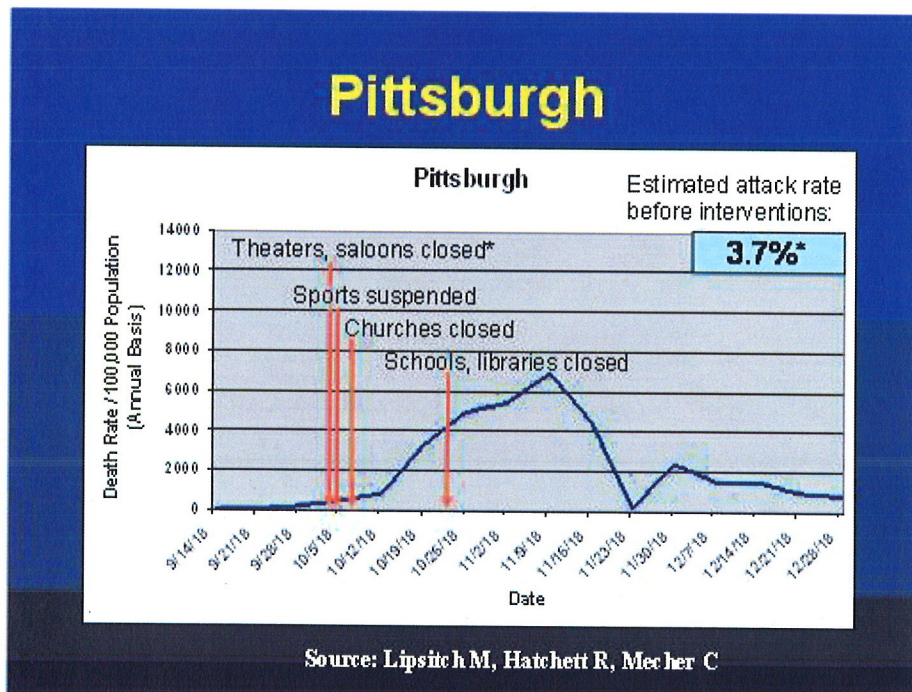


Figure 4. Pittsburgh



## Annex B

### Plan Triggers – Pandemic Stages, Intervals, Severities and Actions

#### I. Background

##### A. Pandemic timing

1. Unlike most other disasters, pandemic influenza evolves slowly.
2. It will most likely come in waves lasting weeks to months, with periods of relatively low activity separating the waves.
  - a. Neither the number of waves, their timing, nor their severity can be predicted.

##### B. WHO Phases

1. The World Health Organization (WHO) has defined six phases, before and during a pandemic.<sup>1</sup>
2. Linked to the characteristics of a new influenza virus and its spread through the population
3. While the WHO Phases are useful for global pandemic planning, they are much less useful for national or state planning.

##### C. USG Stages

1. The United States Government has developed the United States Government Response Stages (USG Stages).
2. The USG Stages provide greater specificity for U.S. preparedness and response efforts than the pandemic phases outlined by the WHO.<sup>2</sup>
3. For this reason WHO phases will not be referenced as trigger points.
4. [Figure 1](#) shows a comparison of WHO Phases and USG Stages.

##### D. CDC Intervals

1. In 2008, the Centers for Disease Control and Prevention (CDC) introduced Pandemic Intervals (CDC Intervals)<sup>3</sup> which further subdivide the USG Stages.
2. The intervals are based on a simplified pandemic curve.
3. They provide additional specificity for state and community level interventions during USG stages 4-6.
4. [Figure 2](#) shows a comparison of the CDC Intervals with the USG Stages and WHO Phases, as well as with the simplified pandemic curve.
5. Since pandemics do not spread uniformly across the country, or even within states, the CDC Intervals also allow for asynchrony of response within the overall national or state response ([Figure 3](#)).

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<sup>1</sup> WHO global influenza preparedness plan: The role of WHO and recommendations for national measures before and during pandemics. Available at

[http://www.who.int/csr/resources/publications/influenza/GIP\\_2005\\_5Eweb.pdf](http://www.who.int/csr/resources/publications/influenza/GIP_2005_5Eweb.pdf)

<sup>2</sup> National Strategy for Pandemic Influenza. Available at

<http://www.pandemicflu.gov/plan/federal/fedresponsestages.html>

<sup>3</sup> Federal Guidance to Assist States in Improving State-Level Pandemic Influenza Operating Plans.

Available at <http://www.pandemicflu.gov/news/guidance031108.pdf>

### E. Pandemic Severity

1. Since pandemics vary in severity, not every pandemic warrants the same degree of response.
2. The Indiana Pandemic Influenza Operating Plan contains the responses planned for a pandemic of maximum severity.
  - a. However, a milder pandemic may only warrant a partial response.
  - b. Accordingly, the US Government has developed the Pandemic Severity Index (PSI)<sup>4</sup> to provide a framework for scaling the pandemic response to the severity of the pandemic.
3. Figure 4 describes the parameters of the PSI.

## II. Trigger Guidelines

### A. When to implement actions

1. The determination of when to implement the various actions in the Indiana Pandemic Influenza Operations Plan is an extremely complex process involving a three-dimensional matrix determined by:
  - a. USG Stages
  - b. CDC Intervals
  - c. The PSI.
2. It is also possible that the pandemic could progress rapidly or in an unexpected manner.
  - a. This may result in skipping some of the stages.
3. Since the CDC Intervals allow for asynchrony of response within the overall national or state response
  - a. The CDC Interval in Indiana is likely to differ from the overall national CDC Interval
  - b. The CDC Interval may not even be uniform throughout the State.
4. Determine the appropriate CDC Interval and PSI
  - a. In order to determine the appropriate CDC Interval and PSI in Indiana at any given time, current data will need to be thoroughly analyzed by professional epidemiologists trained and experienced in influenza epidemiology.
  - b. Within Indiana this expertise resides only in the Indiana State Department of Health, Epidemiology Resource Center (ISDH-ERC).
5. Accordingly, **other departments of state government should look to the State Health Commissioner to determine what actions to implement based on the ISDH-ERC analysis.**

### B. Guidelines

1. The tables in Appendix 1 can be used as **guidelines** that should be considered by the ISDH-ERC in determining the events that may trigger the actions associated with the Indiana Pandemic Influenza Operations Plan.
2. The last table lists possible disease control measures which have been used in controlling outbreaks of some diseases, but are **not** useful in controlling influenza or pandemic influenza and, in most cases, should not be implemented.

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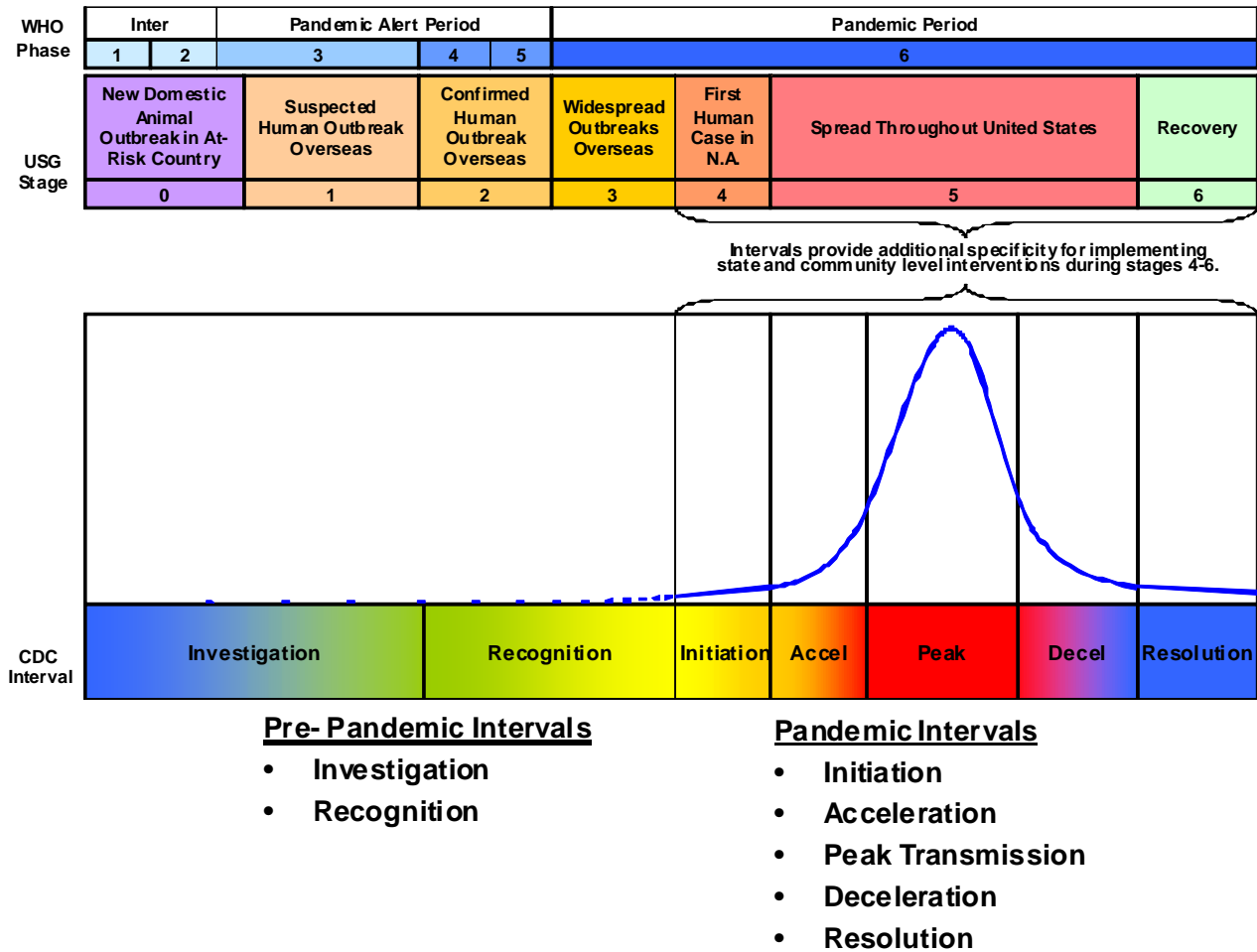
<sup>4</sup> Community Strategy for Pandemic Influenza Mitigation. Available at <http://www.pandemicflu.gov/plan/community/commitigation.html>



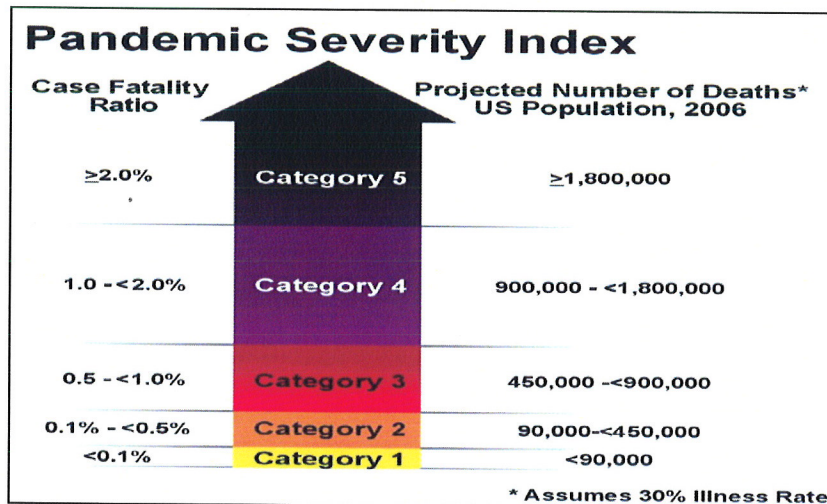
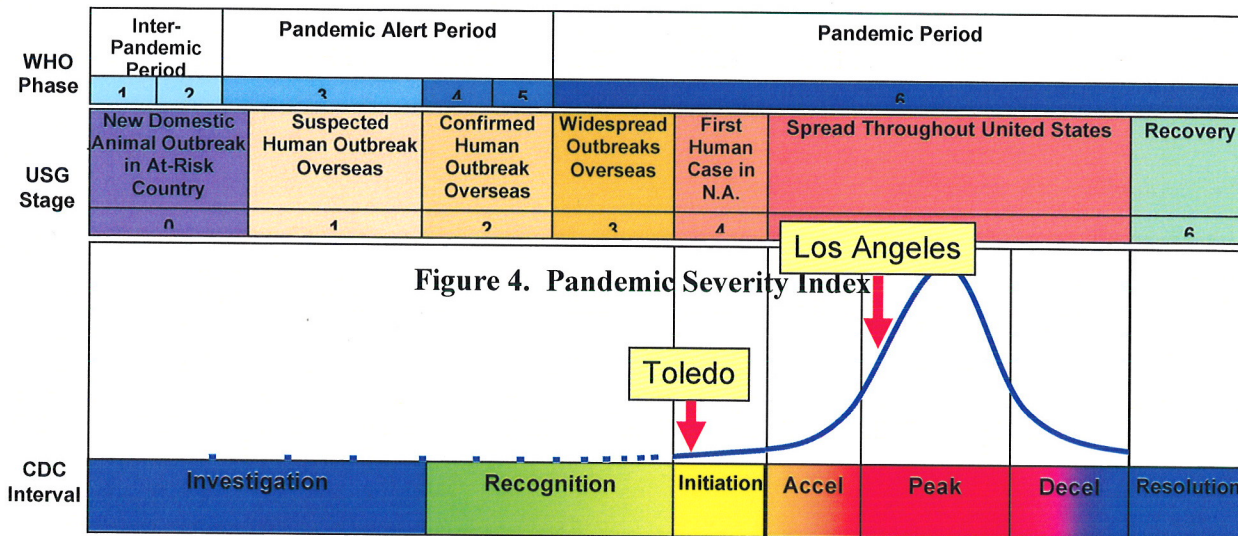
**Figure 1. WHO Pandemic Phases Compared to US Government Stages of a Pandemic**

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

**Figure 2. CDC Intervals compared to USG Stages and WHO Phases**



**Figure 3. Different locations within the United States can be in different intervals from each other and from the nation as a whole**



## Annex B, Appendix 1

### Guidelines for Consideration by the ISDH-ERC in Triggering Actions within the Indiana Pandemic Influenza Operations Plan

Table 1.

USG Stage: 0                      CDC Interval: Investigation

Trigger: We have been at this level since 2003.

Action	Pandemic Severity Index
	Not determined (Pandemic virus has not yet emerged as a human virus)
Maintain surveillance for animal cases and human cases	Maintain (already implemented and operating on a daily basis)
Ensure laboratory capacity to detect and characterize influenza viruses	Maintain (already implemented and operating on a daily basis)
Develop local Strategic National Stockpile (SNS) plans	Maintain and update as necessary (already developed) Continue exercises
Develop guidance for antiviral and vaccine allocation, distribution and usage (including monitoring of adverse events)	Maintain and update as necessary (already developed) Continue exercises
Develop community mitigation preparedness activities, including plans and exercises	Maintain and update as necessary (already developed) Continue exercises
Develop, review, and test surge plans for all healthcare facilities	Maintain and update as necessary (already developed) Continue exercises
Build and place caches of antivirals and surge supplies	Maintain and enhance as necessary (already developed)
Develop plans for planning, coordination, and communication	Maintain and update as necessary (already developed)

Disseminate risk communication messages	Ongoing activity
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Table 2.

USG Stage: 1                      CDC Interval: Investigation

Trigger: Suspected human outbreak overseas reported by WHO or CDC.

Action	Pandemic Severity Index
	Not determined (Pandemic virus has not yet emerged as a human virus)
Maintain surveillance for animal cases and human cases	Maintain (already implemented and operating on a daily basis)
Ensure laboratory capacity to detect and characterize influenza viruses	Maintain (already implemented and operating on a daily basis)
Develop local Strategic National Stockpile (SNS) plans	Maintain and update as necessary (already developed) Continue exercises
Develop guidance for antiviral and vaccine allocation, distribution and usage (including monitoring of adverse events)	Maintain and update as necessary (already developed) Continue exercises
Develop community mitigation preparedness activities, including plans and exercises	Maintain and update as necessary (already developed) Continue exercises
Develop, review, and test surge plans for all healthcare facilities	Maintain and update as necessary (already developed) Continue exercises
Build and place caches of antivirals and surge supplies	Maintain and enhance as necessary (already developed)
Develop plans for planning, coordination, and communication	Maintain and update as necessary (already developed)
Disseminate risk communication messages	Disseminate message to inform public that a pandemic is NOT confirmed and it is NOT in the United States

Table 3.

USG Stage: 2 and 3      CDC Interval: Recognition

Trigger: Human outbreak overseas confirmed by WHO or CDC.

Action	Pandemic Severity Index (If there has not been enough time to determine severity, assume PSI of 5)		
	1	2 or 3	4 or 5
Enhance surveillance for human pandemic influenza cases	Implement	Implement	Implement
Prepare for investigation and response	Prepare	Prepare	Prepare
Prepare laboratory surge capacity for detecting and characterizing pandemic influenza viruses	Implement to the extent surveillance warrants	Implement to the extent surveillance warrants	Implement to the extent surveillance warrants
Prepare to receive SNS countermeasures	Prepare	Prepare	Prepare
Develop guidance for antiviral and vaccine allocation, distribution and usage (including monitoring of adverse events)	Review, update and prepare to implement	Review, update and prepare to implement	Review, update and prepare to implement
Develop community mitigation preparedness activities, including plans and exercises	Review, update and prepare to implement	Review, update and prepare to implement	Review, update and prepare to implement
Review, and test surge plans for all healthcare facilities	Review, update, test and prepare to implement	Review, update, test and prepare to implement	Review, update, test and prepare to implement
Build and place caches of antivirals and surge supplies	Check caches and supplies to be sure they are ready	Check caches and supplies to be sure they are ready	Check caches and supplies to be sure they are ready

Review and test plans for planning, coordination, and communication	Check coordination, and communication	Check coordination, and communication	Check coordination, and communication
Disseminate risk communication messages	Disseminate risk communication messages on current status of outbreaks, and increase messages on individual and business preparedness	Disseminate risk communication messages on current status of outbreaks, and increase messages on individual and business preparedness	Disseminate risk communication messages on current status of outbreaks, and increase messages on individual and business preparedness
Implement appropriate screening of international travelers and other border health strategies, as directed by CDC	Implement, as needed	Implement, as needed	Implement, as needed
Review and update all pandemic influenza plans as necessary	Review, update and prepare to implement	Review, update and prepare to implement	Review, update and prepare to implement



Table 4.

USG Stage: 4

CDC Interval: Recognition (Note that the CDC Interval is designed to be adapted to individual states' current situation. Therefore, although the federal CDC Interval and that of some states may be Initiation, the Indiana CDC Interval will be Recognition, unless the case is in Indiana or an adjacent state. If the case is in Indiana or an adjacent state, then see Table 5.)

Trigger: Laboratory-confirmed<sup>6</sup> case of pandemic influenza detected within North America

Action	Pandemic Severity Index		
	1	2 or 3	4 or 5
Enhance surveillance for human pandemic influenza cases to maximum intensity	Implement	Implement	Implement
Prepare to implement investigation and response on short notice	Prepare	Prepare	Prepare
Ready laboratory surge capacity for detecting and characterizing pandemic influenza viruses	Implement	Implement	Implement
Receive SNS countermeasures and distribute to staging locations per plan	Implement	Implement	Implement
Finalize guidance for antiviral and vaccine allocation, distribution and usage (including monitoring of adverse events)	Finalize and disseminate final plan to those who must implement it.	Finalize and disseminate final plan to those who must implement it.	Finalize and disseminate final plan to those who must implement it.

<sup>6</sup> Confirmed by a Laboratory Response Network (LRN) Reference Laboratory (not a Sentinel Laboratory)

Finalize community mitigation preparedness activities, including plans and exercises	Finalize and disseminate final plan to those who must implement it.	Finalize and disseminate final plan to those who must implement it.	Finalize and disseminate final plan to those who must implement it.
Finalize surge plans for all healthcare facilities	Finalize and disseminate final plan to those who must implement it.	Finalize and disseminate final plan to those who must implement it.	Finalize and disseminate final plan to those who must implement it.
Check caches of antivirals and surge supplies	Check	Check	Check
Finalize plans for planning, coordination, and communication	Check coordination, and communication	Check coordination, and communication	Check coordination, and communication
Disseminate risk communication messages	Disseminate risk communication messages on current status of outbreaks, and increase messages on individual and business preparedness	Disseminate risk communication messages on current status of outbreaks, and increase messages on individual and business preparedness	Disseminate risk communication messages on current status of outbreaks, and increase messages on individual and business preparedness
Implement appropriate screening of international travelers and other border health strategies, as directed by CDC	Implement, as needed	Implement, as needed	Implement, as needed
Review and update all pandemic influenza plans as necessary	Review, update and prepare to implement	Review, update and prepare to implement	Review, update and prepare to implement

Table 5.

USG Stage: 4

CDC Interval: Initiation (Note that the CDC Interval is designed to be adapted to individual states' current situation. Therefore, although the federal CDC Interval and that of some states may be Initiation, the Indiana CDC Interval will be Recognition, unless the case is in Indiana or an adjacent state. If the case is NOT in Indiana or an adjacent state, then see Table 4.)

Trigger: One or more laboratory-confirmed<sup>7</sup> cases of pandemic influenza detected within Indiana or an adjacent state<sup>8</sup> without evidence<sup>9</sup> of increased occurrence of respiratory illness in Indiana. If there is evidence of increased occurrence of respiratory illness in Indiana, then go to the next table.

Action	Pandemic Severity Index		
	1	2 or 3	4 or 5
Dismiss schools including cancellation of all school-related activities (sporting events, sports practice, band practice, clubs, etc.).	Not recommended	Review preparations for closing, should this be determined to be necessary.	Prepare for imminent school closing.
Cancellation of public events (e.g., concerts, sports events, movies, plays and school-related events and extra-curricular activities)	Not recommended	Review preparations for cancellation, should this be determined to be necessary.	Prepare for imminent cancellation of events.
Ask Governor to declare a state of emergency	Not recommended	Notify Governor that an emergency declaration may be a <u>possibility</u> and begin drafting declaration	Notify Governor that an emergency declaration <u>will soon be necessary</u> and begin drafting declaration

<sup>7</sup> Confirmed by a Laboratory Response Network (LRN) Reference Laboratory (not a Sentinel Laboratory)

<sup>8</sup> Some epidemiologic judgment must be used in determining when a case in an adjacent state triggers the Initiation Interval in Indiana. A case in Chicago, Cincinnati, or Louisville would be more likely to trigger Initiation, while a case in far southeastern Kentucky or East St. Louis, IL may not.

<sup>9</sup> As detected by surveillance systems operated by the ISDH-ERC.

Continue enhanced surveillance for human pandemic influenza cases	Continue	Continue	Continue
Investigate pandemic influenza cases and implement containment measures surrounding cases.	Investigate	Investigate	Investigate
Initiate laboratory surge capacity for detecting and characterizing pandemic influenza viruses	Implement	Implement	Implement
Receive SNS countermeasures and distribute to staging locations per plan	Continue to implement as supplies are received	Continue to implement as supplies are received	Continue to implement as supplies are received
If pre-pandemic (first wave) or pandemic (subsequent waves) vaccine is available, immunize highest priority groups as defined in the guidelines, to the extent supplies are available.	Implement	Implement	Implement
Disseminate risk communication messages	Disseminate risk communication messages on current status of outbreaks, and increase messages on individual and business preparedness	Disseminate risk communication messages on current status of outbreaks, and increase messages on individual and business preparedness	Disseminate risk communication messages on current status of outbreaks, and increase messages on individual and business preparedness

Table 6.

USG Stage: 5

CDC Interval: Acceleration

Trigger: One laboratory-confirmed<sup>10</sup> case of pandemic influenza detected within Indiana or an adjacent state<sup>11</sup> with evidence<sup>12</sup> of increased occurrence of respiratory illness in Indiana.

OR

Two or more laboratory-confirmed<sup>9</sup> cases of pandemic influenza detected within Indiana or an adjacent state<sup>10</sup> that are not epidemiologically linked to any previous case.

Action	Pandemic Severity Index		
	1	2 or 3	4 or 5
Dismiss schools including cancellation of all school-related activities (sporting events, sports practice, band practice, clubs, etc.).	Not recommended	Consider implementation if conditions warrant	Execute without delay
Cancellation of public events (e.g., concerts, sports events, movies, plays and school-related events and extra-curricular activities)	Not recommended	Consider implementation if conditions warrant	Execute without delay.

<sup>10</sup> Confirmed by a Laboratory Response Network (LRN) Reference Laboratory (not a Sentinel Laboratory)

<sup>11</sup> Some epidemiologic judgment must be used in determining when a case in an adjacent state triggers the Initiation Interval in Indiana. A case in Chicago, Cincinnati, or Louisville would be more likely to trigger Initiation, while a case in far southeastern Kentucky or East St. Louis, IL may not.

<sup>12</sup> As detected by surveillance systems operated by the ISDH-ERC.

Ask Governor to declare a state of emergency	Not recommended	Consider implementation if conditions warrant	Implement ASAP. (If the above actions are taken without a Governor's declaration, this can wait a few days, but must be implemented before reaching the next stage.)
Continue enhanced surveillance for human pandemic influenza cases	Maintain surveillance with emphasis on measuring the magnitude of the pandemic and detecting any changes in the characteristics of the virus.	Maintain surveillance with emphasis on measuring the magnitude of the pandemic and detecting any changes in the characteristics of the virus.	Maintain surveillance with emphasis on measuring the magnitude of the pandemic and detecting any changes in the characteristics of the virus.
Investigate pandemic influenza cases and implement containment measures surrounding cases.	Shift from investigating individual cases to measuring the magnitude of the pandemic	Shift from investigating individual cases to measuring the magnitude of the pandemic	Shift from investigating individual cases to measuring the magnitude of the pandemic
Initiate laboratory surge capacity for detecting and characterizing pandemic influenza viruses	Adjust laboratory operations to testing of specimens of epidemiologic importance to detect any antigenic changes in the circulating virus.	Adjust laboratory operations to testing of specimens of epidemiologic importance to detect any antigenic changes in the circulating virus.	Adjust laboratory operations to testing of specimens of epidemiologic importance to detect any antigenic changes in the circulating virus.
Receive SNS countermeasures and distribute to staging locations per plan	Continue to implement as supplies are received. Utilize supplies as needed, implementing any allocation guidelines.	Continue to implement as supplies are received. Utilize supplies as needed, implementing any allocation guidelines.	Continue to implement as supplies are received. Utilize supplies as needed, implementing any allocation guidelines.

<p>If pre-pandemic (first wave) or pandemic (subsequent waves) vaccine is available, immunize highest priority groups as defined in the guidelines, to the extent supplies are available.</p>	<p>Implement</p>	<p>Implement</p>	<p>Implement</p>
<p>Disseminate risk communication messages</p>	<p>Disseminate risk communication messages on current status of outbreaks, and messages on recommended individual and business actions.</p>	<p>Disseminate risk communication messages on current status of outbreaks, community mitigation directives and messages on recommended individual and business actions</p>	<p>Disseminate risk communication messages on current status of outbreaks, community mitigation directives and messages on recommended individual and business actions</p>

Table 7.

USG Stage: 5

CDC Interval: Peak/Established Transmission

Trigger: Greater than 10% of specimens from patients with influenza-like illness submitted to the state public health laboratory are positive for the pandemic strain during a seven day period;  
 OR  
 CDC surveillance criteria for “Regional” influenza activity are met, as reported by the respiratory epidemiologist and laboratory evidence indicates the circulation of the pandemic virus,<sup>13</sup>  
 OR  
 The health care system surge capacity has been exceeded because of patients with respiratory illness and laboratory evidence indicates the circulation of the pandemic virus.<sup>12</sup>

Action	Pandemic Severity Index		
	1	2 or 3	4 or 5
Dismiss schools including cancellation of all school-related activities (sporting events, sports practice, band practice, clubs, etc.).	Not recommended	Consider implementation / continuation, if conditions warrant	Continue
Cancellation of public events (e.g., concerts, sports events, movies, plays and school-related events and extra-curricular activities)	Not recommended	Consider implementation / continuation, if conditions warrant	Continue
Ask Governor to declare a state of emergency	Not recommended	Consider implementation, if conditions warrant	Implement, if not already done.

<sup>13</sup> One laboratory-confirmed case of pandemic influenza detected within Indiana or an adjacent state with evidence of increased occurrence of respiratory illness in Indiana. OR Two or more laboratory-confirmed cases of pandemic influenza detected within Indiana or an adjacent state that are not epidemiologically linked to any previous case. (See table 6)



Receive SNS countermeasures and distribute to staging locations per plan	Continue to implement as supplies are received. Utilize supplies as needed, implementing any allocation guidelines.	Continue to implement as supplies are received. Utilize supplies as needed, implementing any allocation guidelines.	Continue to implement as supplies are received. Utilize supplies as needed, implementing any allocation guidelines.
Continue enhanced surveillance for human pandemic influenza cases	Maintain surveillance with emphasis on measuring the magnitude of the pandemic and detecting any changes in the characteristics of the virus.	Maintain surveillance with emphasis on measuring the magnitude of the pandemic and detecting any changes in the characteristics of the virus.	Maintain surveillance with emphasis on measuring the magnitude of the pandemic and detecting any changes in the characteristics of the virus.
Initiate laboratory surge capacity for detecting and characterizing pandemic influenza viruses	Adjust laboratory operations to testing of specimens of epidemiologic importance to detect any antigenic changes in the circulating virus.	Adjust laboratory operations to testing of specimens of epidemiologic importance to detect any antigenic changes in the circulating virus.	Adjust laboratory operations to testing of specimens of epidemiologic importance to detect any antigenic changes in the circulating virus.
If pre-pandemic (first wave) or pandemic (subsequent waves) vaccine is available, immunize highest priority groups as defined in the guidelines to the extent supplies are available.	Continue to next highest priority groups as supplies become available	Continue to next highest priority groups as supplies become available	Continue to next highest priority groups as supplies become available

<p>Disseminate risk communication messages</p>	<p>Disseminate risk communication messages on current status of outbreaks, and messages on recommended individual and business actions.</p>	<p>Disseminate risk communication messages on current status of outbreaks, community mitigation directives and messages on recommended individual and business actions</p>	<p>Disseminate risk communication messages on current status of outbreaks, community mitigation directives and messages on recommended individual and business actions</p>
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Table 8.

USG Stage: 5

CDC Interval: Deceleration

Trigger: Fewer than 10% of specimens from patients with influenza-like illness submitted to the state public health laboratory are positive for the pandemic strain at least two consecutive weeks,  
 OR  
 The health care system utilization is below surge capacity

Action	Pandemic Severity Index		
	1	2 or 3	4 or 5
Dismiss schools including cancellation of all school-related activities (sporting events, sports practice, band practice, clubs, etc.).	Not recommended	Consider implementation / continuation if conditions warrant. Assess plan for reopening, if schools were dismissed.	Continue. Assess plan for reopening.
Cancellation of public events (e.g., concerts, sports events, movies, plays and school-related events and extra-curricular activities)	Not recommended	Consider implementation / continuation if conditions warrant. Assess plan for reopening, if events were cancelled.	Continue. Assess plan for reopening.
Ask Governor to declare a state of emergency	Not recommended	Consider implementation / continuation, if conditions warrant. Assess plan for terminating order, if it was implemented. (It may have to be reissued if another pandemic wave occurs.)	Continue. Assess plan for terminating order. (It may have to be reissued if another pandemic wave occurs.)

Receive SNS countermeasures and distribute to staging locations per plan	Continue to implement as supplies are received. Utilize supplies as needed, implementing any allocation guidelines.	Continue to implement as supplies are received. Utilize supplies as needed, implementing any allocation guidelines.	Continue to implement as supplies are received. Utilize supplies as needed, implementing any allocation guidelines.
Continue enhanced surveillance for human pandemic influenza cases	Maintain surveillance with emphasis on measuring the magnitude of the pandemic and detecting any changes in the characteristics of the virus.	Maintain surveillance with emphasis on measuring the magnitude of the pandemic and detecting any changes in the characteristics of the virus.	Maintain surveillance with emphasis on measuring the magnitude of the pandemic and detecting any changes in the characteristics of the virus.
Initiate laboratory surge capacity for detecting and characterizing pandemic influenza viruses	Adjust laboratory operations to testing of specimens of epidemiologic importance to detect any antigenic changes in the circulating virus.	Adjust laboratory operations to testing of specimens of epidemiologic importance to detect any antigenic changes in the circulating virus.	Adjust laboratory operations to testing of specimens of epidemiologic importance to detect any antigenic changes in the circulating virus.
If pre-pandemic (first wave) or pandemic (subsequent waves) vaccine is available, immunize highest priority groups as defined in the guidelines to the extent supplies are available.	Continue to next highest priority groups as supplies become available	Continue to next highest priority groups as supplies become available	Continue to next highest priority groups as supplies become available

<p>Disseminate risk communication messages</p>	<p>Disseminate risk communication messages on current status of outbreaks, and messages on recommended individual and business actions.</p>	<p>Disseminate risk communication messages on current status of outbreaks, community mitigation directives and messages on recommended individual and business actions</p>	<p>Disseminate risk communication messages on current status of outbreaks, community mitigation directives and messages on recommended individual and business actions</p>
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Table 9.

USG Stage: 6

CDC Interval: Resolution

Trigger: Laboratory-confirmed pandemic influenza cases are occurring only sporadically, as defined in CDC surveillance criteria,  
OR  
The health care system utilization is approaching pre-pandemic levels

Action	Pandemic Severity Index		
	1	2 or 3	4 or 5
Dismiss schools including cancellation of all school-related activities (sporting events, sports practice, band practice, clubs, etc.).	Not recommended	Reopen schools, if they were dismissed.	Reopen
Cancellation of public events (e.g., concerts, sports events, movies, plays and school-related events and extra-curricular activities)	Not recommended	Lift ban on public events, if a ban was issued.	Lift ban on public events.
Ask Governor to rescind the state of emergency	Not recommended	Terminating order, if it was issued. (It may have to be reissued if another pandemic wave occurs.)	Terminating order. (It may have to be reissued if another pandemic wave occurs.)
Receive SNS countermeasures and distribute to staging locations per plan	Recall remaining supplies and redistribute to staging areas in preparation for another pandemic wave.	Recall remaining supplies and redistribute to staging areas in preparation for another pandemic wave.	Recall remaining supplies and redistribute to staging areas in preparation for another pandemic wave.

Return to the USG Stage 0, CDC Interval Investigation level of surveillance.	Implement.	Implement.	Implement.
Ensure laboratory capacity to detect and characterize influenza viruses	Return to the USG Stage 0, CDC Interval Investigation level of laboratory operations.	Return to the USG Stage 0, CDC Interval Investigation level of laboratory operations.	Return to the USG Stage 0, CDC Interval Investigation level of laboratory operations.
If pre-pandemic (first wave) or pandemic (subsequent waves) vaccine is available, immunize highest priority groups as defined in the guidelines to the extent supplies are available.	In preparation for another pandemic wave, continue to next highest priority groups as supplies become available	In preparation for another pandemic wave, continue to next highest priority groups as supplies become available	In preparation for another pandemic wave, continue to next highest priority groups as supplies become available
Disseminate risk communication messages	Disseminate risk communication messages including instructions for preparation for another pandemic wave.	Disseminate risk communication messages including instructions for preparation for another pandemic wave.	Disseminate risk communication messages including instructions for preparation for another pandemic wave.

Table 10.

USG Stage: 0                      CDC Interval: Investigation

Trigger: Influenza pandemics often occur in waves separated by several months. The number of waves varies from pandemic to pandemic. This table represents actions to be taken after each wave. There is no way to predict when, or if, another wave will occur.

	Pandemic Severity Index
Action	Not determined (Pandemic virus has not yet emerged as a human virus)
Plan for another pandemic wave	Prepare After Action Reports (AARs). Review AARs and revise plans for improved response in another wave.
Return to Table 1 and continue surveillance to detect onset of another wave.	



Table 11.

This table lists possible disease control measures which have been used in controlling outbreaks of some diseases, but are **not** useful in controlling influenza or pandemic influenza and **should not be implemented**.

<b>Widespread or community-wide quarantine or cordon sanitaire</b> are terms which are used interchangeably and refer to the closing of community borders or the erection of a real or virtual barrier around a geographic area with prohibition of travel into or out of the area.
<b>Closing</b> of international, state, county or municipal <b>borders</b> .
<b>Limitation of traffic</b> , including limitation of air traffic, except that screening of passengers for symptoms of disease may be useful for intercontinental air or ship traffic before the pandemic becomes established in North America.
Forced <b>closure of businesses</b> by government order, except where the businesses create mass gatherings (such as theaters or sports arenas).

In general, it is impractical to **close mass transit** because some people have no other means of transportation and depend on it for basic necessities such as grocery shopping or medical care. However, long distance commuter lines that are used primarily for commuting and do not usually provide local transportation should be considered for closure because crowding, coupled with prolonged exposure times, on these conveyances may be conducive to disease transmission in the same manner as mass gatherings.

## **Annex C**

### **ISDH Continuity of Operations Plan (COOP)**

**I. Responsibility**

A. The COOP for the Indiana State Department of Health (ISDH) is the responsibility of the Administrative Services Division at the ISDH.

**II. The Plan**

A. Administrative Services has developed a COOP and is currently updating it which will result in a revised version.

1. The COOP is available from Administrative Services at 317/233-7777.

**III. The plan is incorporated herein by reference.**

## **Annex C, Appendix 1**

### **Human Resource Policies for State Employees and Contractors**

#### **I. Responsibility**

- A. The human resource component of emergency response in Indiana is the responsibility of the Indiana State Personnel Department (SPD).

#### **II. The Plan**

- A. The SPD does not have a formal plan that is written to specifically address an Influenza Pandemic. However, the Indiana State Department of Health (ISDH) has provided the SPD with a Public Health Event Workforce Plan draft that includes documents entitled *Serious Infectious Disease Risk Hazard Assessment* and *Risk Hazard Assessment Protocol: The Assessment of the Health Status of Employees During a Public Health Event* all of which encompass these issues.
  - 1. These documents are available from the ISDH Public Health Preparedness and Emergency Response Division at 317/233-5576.

#### **III. The Public health Event Workforce Plan draft is incorporated herein by reference.**

## **Annex C, Appendix 2 Employee Mental Health**

### **I. Responsibility**

- A. Responsibility for ISDH employee mental health during emergency response in Indiana rests with Anthem Behavioral Health Service Employee Assistance Program.

### **II. Plan Provisions**

- A. Provides a 24-hour toll free employee hotline call center
- B. Sends trained counselors and professional facilitators on-site for direct intervention and assistance for critical incident stress debriefing
- C. Includes an Organizational Planning for Crisis Management document that recommends pre-incident planning and critical incident response protocol
- D. Provides a Pandemic Flu Preparedness Tips and Resources for Managers and Employees document on their website
- E. This information is available from the Behavioral Health Services at 317/287-6489 or 1-800-865-1044

### **III. The Anthem Behavioral Health Services Employee Assistance Program documents referenced above are incorporated herein by reference.**

## **Annex D**

### **Epidemiology and Surveillance**

#### **I. Background**

- A. The ISDH Epidemiology Resource Center (ERC) promptly investigates unusual occurrences and early cases of pandemic influenza.
- B. ERC collects, analyzes, and interprets pandemic influenza data
- C. ERC provides relevant information based on those data to drive public health action.
- D. ERC serves as credible subject matter experts to internal and external partners as well as the general public.

#### **II. Positions in the Epidemiology Resource Center (ERC) responsible for pandemic influenza epidemiology and surveillance**

- A. Respiratory Epidemiologist (Influenza Surveillance Coordinator) – See Respiratory Epidemiologist Standard Operating Procedure (SOP).
  1. The Respiratory Epidemiologist serves as the Influenza Surveillance Coordinator.
  2. The Influenza Surveillance Coordinator coordinates the submission of respiratory specimens for influenza culture, coordinate with the laboratory microbiologist and staff, and integrating with the CDC.
- B. Syndromic surveillance epidemiologist – See Syndromic Surveillance Epidemiologist SOP
- C. Field Epidemiologist – See Field Epidemiologist SOP.
- D. The ERC respiratory epidemiologist, the syndromic surveillance epidemiologist, and the quality assurance epidemiologist analyze sentinel influenza and Public Health Electronic Syndromic Surveillance (PHESS) data daily. PHESS data are updated every 3 hours and analyzed at least daily, 7 days a week as per the SOP's
- E. The ISDH ERC ensures that an appropriate number of team members are trained to ensure 24/7 staffing for conducting surveillance during a pandemic.
- F. The ISDH Veterinary Epidemiologist serves as the point of contact for the Indiana Board of Animal Health (BOAH), which notifies the ISDH if suspected animal cases of avian influenza occur.
  1. The ISDH Veterinary Epidemiologist maintains a list of BOAH contacts.

#### **III. Surveillance Objectives**

- A. To determine when, where, and which influenza viruses are circulating
- B. To determine the intensity and impact of influenza activity on defined health outcomes
- C. Identify unusual or severe outbreaks
- D. Although the ISDH may have staff capacity to assume the responsibility of the epidemiologic investigation and surveillance, it is important to note that, according to the Indiana Communicable Disease Reporting Rule for Physicians, Hospitals, and Laboratories (410 IAC 1-2.3), the local health department (LHD) has the legal jurisdiction to investigate and respond to public health emergencies.

**IV. Information Sharing**

- A. ERC communicates the surveillance and epidemiological information pertaining to the influenza pandemic to partners, hospitals, providers, stakeholders, health departments, medical examiners, and vital statistic offices. This communication may be, but not limited to:
1. Indiana Health Alert Network (IHAN) – see protocol for submission in this plan in Annex L
  2. Media
  3. Conference calls
  4. E-mail
  5. Other Publications

**V. Indiana's surveillance methods**

- A. Influenza Sentinel Provider Program currently consists of 32 providers who regularly report their influenza like illness (ILI) and lab specimens to the ISHD Laboratory weekly data on a year round basis. This exceeds the CDC minimum of 1 provider per 250,000 population. (See Indiana Sentinel Influenza Map and Respiratory Epidemiologist SOP for procedure)
1. Monitors sentinel provider weekly for completeness and/or errors;
  2. Provides feedback and maintains contact with sentinel providers weekly to encourage reporting and follow-up on unusual reports;
  3. Establishes and maintains strong working relationships with the state laboratory;
  4. Encourages sentinel providers to submit specimens for viral culture to the state laboratory;
  5. Collect data from sentinel sites to determine levels of activity or epidemiologic trends for these specific diseases in the state;
  6. Indiana sentinel sites may include private health care providers, local health departments (LHD), hospital emergency departments (ED), urgent care facilities, and universities.
- B. Passive Surveillance
1. Definition: Data that health care providers gather and report to the LHD based on a known set of rules or regulations that require such reporting.
  2. The Indiana Communicable Disease Reporting Rule for Physicians, Hospitals, and Laboratories (410 IAC 1-2.3) mandates that cases of disease are reported to the LHD within a specified period of time.
- C. Influenza Associated Deaths are required to be reported from all ages within 72 hours of knowledge of death under 410 IAC 1-2.3.
1. The deaths may be reported to LHD's or the ISDH ERC respiratory epidemiologist.
  2. It is the responsibility of the LHD to notify the State immediately when a death is reported to the LHD.
  3. If the deceased is less than 18 years of age, the respiratory epidemiologist shall report it to the CDC via the secure data network pediatric influenza associated death database within 48 business hours. Direction for this process is located in the respiratory epidemiologists SOP.

4. This method along with the monitoring of electronic and/or paper death records at the State's vital statistics director or appointee merges and identifies deaths for death surveillance.

D. Active Surveillance

1. Definition: Collection of disease information actively initiated by the public health agency.
2. Includes active case finding and contact tracing when a probable or confirmed case has been identified, follow-up on suspect cases and contacts to determine disease and outbreak status, or follow-up on syndromic surveillance alerts to determine if an actual case or outbreak exists.
3. Active surveillance is more labor intensive and costly and is usually conducted short-term and is available as resources are available or until deemed unnecessary

E. Syndromic Surveillance

1. Definition: Syndromic surveillance precedes diagnosis to identify a sufficient probability of a public health event that may require an investigative response.
2. The Public Health Emergency Surveillance System (PHESS) serves as Indiana's syndromic surveillance system. PHESS alerts are based on the surveillance of syndromes in an effort to detect bioterrorism events, disease outbreaks, or other public health emergencies as soon as possible.
3. PHESS data sources include hospital ED patient chief complaints and school absenteeism data.
4. Hospital ED chief complaints are reported electronically.
5. School absenteeism data depend upon manual reporting by schools to the appropriate LHD.
6. ED data are reviewed seven (7) days a week for counts significantly elevated from baseline, geographic clustering, and other non-random patterns.
7. If further investigation of data is necessary, the syndromic surveillance epidemiologist supplies the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) data link via email to the ISDH field epidemiologist in the Public Health Preparedness District where the alert occurs.
8. The field epidemiologist then contacts the appropriate hospital(s) and LHD to follow up on the alert.

**VI. Epidemiologic Investigation**

- A. Once an outbreak is suspected, the ISDH and/or the LHD begin an outbreak investigation.
- B. The ISDH maintains a staff of subject matter epidemiologists, and 2 back ups who are assigned to influenza (respiratory epidemiologist/influenza coordinator as the primary subject matter epidemiologist).
- C. The ISDH also has nine (9) field epidemiologists stationed in Public Health Preparedness Districts around Indiana.
- D. The role of these field epidemiologists is to assist LHDs, or any other public health partners, in coordinating or conducting an investigation. Please refer to Appendix E, Communicable Disease Responsibility List of the ERC

- Epidemiology Response Plan for a listing of epidemiologists and their communicable disease responsibilities.
- E. Some LHDs in Indiana may have the necessary resources to develop their own investigation teams. If LHDs opt to develop their own investigation teams, they should inform the ISDH so that the teams can access the training resources of the ISDH teams.
  - F. The investigation should proceed with the steps in the Principles and Practice of Public Health Surveillance second edition.
  - G. Confirm that the event in question represents a true public health emergency.
  - H. Public health officials determine whether laboratory and clinical findings support the conclusion that a public health emergency has taken place.
  - I. After confirmation has been established, a multidisciplinary response team comprised of the appropriate jurisdictional partners and subject matter experts characterizes the exposure.
  - J. The ERC respiratory epidemiologist and/or back-ups obtain, track and report numbers and rates to the ISDH and to the CDC in a timely manner. The goal is to provide the numbers and rates on a daily basis, but the ERC is limited to the capacity of the ISDH laboratory and reporting mechanisms for the following:
    - 1. Numbers of newly hospitalized persons with pandemic influenza
    - 2. Hospitals with pandemic influenza cases
    - 3. Number of pandemic influenza deaths
  - K. The numbers of newly hospitalized persons and hospitals with pandemic influenza are determined by the confirmation of the specimen from the ill person that is sent to ISDH laboratory. The ISDH laboratory is the only laboratory in Indiana that can preliminarily confirm pandemic strains.
  - L. The number of pandemic influenza deaths are reported by the respiratory epidemiologist (influenza coordinator) from reports that are required to be completed and to the health department within 72 hours of knowledge of death under the Indiana Communicable Disease Rule 410 IAC 1-2.3
  - M. Local and state health officials conduct preliminary interviews with early suspect, probable and confirmed cases.
  - N. Interviews are used to identify the causal agent, the reservoir, mode of transmission, incubation periods, and infectious periods.
  - O. If the specific etiologic agent has not been identified, broad clinical and exposure questions should be utilized during the preliminary stages of the investigation.
  - P. If the causal agent(s) has been identified prior to the investigation, the questionnaires should be tailored to the disease and the exposure history.
    - 1. Information gathered from the initial cases of an event is used to construct a case definition.
  - Q. Clinical case definitions determined by the CDC and ISDH when the pandemic strain is identified.
  - R. Local and State public health officials conduct case finding through multiple means, including, but not limited to:
    - 1. Public health officials and personnel
    - 2. Public health and clinical laboratories
    - 3. Hospitals, physicians, and infection control practitioners



4. Emergency medical services
  5. Medical Examiners
  6. Vital Statistics Offices
  7. Media
  8. Public Health Emergency Syndromic Surveillance System (PHESS)
  9. Indiana Health Alert Network (IHAN)
  10. CDC Epidemic Information Exchange (Epi-X)
- S. Initially, all individuals who meet the established case definition or who have had contact with a confirmed case are interviewed using uniform questionnaires.
1. After the epidemiological need has been met case interviews cease
  2. A template questionnaire is modified using information from the hypothesis-generating interviews to further characterize the source or extent of the exposure.
  3. In multi-jurisdictional events, interviews are conducted by local and state public health personnel.
  4. Follow-up interviews may become necessary as more information becomes available and as more is known.
  5. Data gathered from the initial interviews are utilized to establish the case definition.
  6. Case definition is used to uniformly identify additional cases.
- T. Data entry and analysis for epidemiologic investigation and contact-tracing activities are coordinated by the ISDH when an outbreak involves multiple health jurisdictions or at the request of the LHD.
1. If an event involves a single health jurisdiction, the ISDH is available to provide data analysis support to the LHD.
  2. The primary objective of data analysis is to guide public health professionals in formulating control measures and mitigating the public health impact of the event.
  3. Epidemiologists analyze data collected from case interviews (as identified in Principles and Practice of Public Health Surveillance second edition by Teutsch and Churchill).

## **Annex E**

### **Laboratory**

#### **I. Introduction**

- A. In collaboration with Indiana's local health departments (LHD) and the Centers for Disease Control and Prevention (CDC), the Indiana State Department of Health (ISDH) Laboratory will perform testing on specimens from suspected human influenza A cases in Indiana. This effort is intended to enhance current influenza surveillance for early identification of patients with influenza A infection.

#### **II. CDC Interval: Investigation**

- A. The ISDH Laboratory:
1. Provides laboratory specimen submission forms available through the ISDH Web site at [www.in.gov/isdh/Laboratories/Submission Forms & Containers](http://www.in.gov/isdh/Laboratories/Submission Forms & Containers) under the Laboratory tab containing at least the following information fields. The same functionality is available through the ISDH electronic lab specimen submission system, LimsNet, available by contacting the LimsNet Help Desk at [LimsAppSupport@isdh.in.gov](mailto:LimsAppSupport@isdh.in.gov), 317-921-5506, or 888-535-0011
    - a. Demographics
    - b. Onset date
    - c. Date of collection
    - d. Specimen source
    - e. Symptoms
    - f. Vaccination history
    - g. Submitter name, address, telephone and FAX numbers.
  2. Maintains reference capability and capacity to isolate influenza in cell culture.
  3. Maintains reference capability and capacity to perform subtyping
  4. Conducts year-round influenza testing
  5. Maintains CDC/Laboratory Response Network (LRN)/WHO protocols for identifying influenza and subtyping.
  6. Maintains reference capability and capacity to performing PCR for rapid detection and subtyping of influenza viruses.
  7. Submits influenza isolates to CDC according to CDC/WHO guidelines by sending isolates:
    - a. that cannot be subtyped
    - b. pre-season
    - c. early-season
    - d. late-season
    - e. representative number during peak activity
    - f. obtained during an outbreak
    - g. from persons receiving antivirals or from their contacts who become ill
    - h. from cases of suspect animal-to-human transmission
  8. Identifies, trains, and ensures competent surge staff. Staff listing found on the [ISDH Laboratory Influenza SharePoint site](#)

9. Identifies and maintains a list, found on the [ISDH Laboratory Influenza SharePoint site](#), of laboratories that may serve as resources for specimen analysis.
10. Establishes Memoranda of Agreement (MOA), or other arrangements, with additional laboratory and personnel facilities to enhance current laboratory capacity.
11. Maintains the Emergency Lab Call-Down Protocol, found on the [ISDH Laboratory Influenza SharePoint site](#), for alerting staff.
12. Maintains a minimum level of, and ability to track, 100 shipping containers, consisting of viral transport media, specimen swabs, airbills, cool packs, and coolers, for viral isolation/identification.

### **III. CDC Interval: Recognition**

- A. The ISDH Laboratory coordinates assistance for specimen transport to national laboratories as per the protocol. found on the [ISDH Laboratory Influenza SharePoint site](#)
- B. The ISDH Laboratory maintains enhanced and secure communication with CDC and other states (e.g., identification of virus, surveillance). Conference calls, e-mail, Epi-X (a secure Web site), and IHAN may be used.
- C. The ISDH Laboratory:
  1. Continues testing routine influenza specimens and referring isolates to CDC.
  2. Tests specimens that are suspected of being a novel subtype using nonculture techniques, as requested by ISDH Epidemiologists
  3. Refer specimens that test positive for Influenza A to CDC as needed
  4. Provides training for identified surge staff
  5. Determines need for increased transportation resources and additional shipping materials for viral specimens
- D. In addition, the ISDH Laboratory:
  1. Ensures non-routine laboratory submitters have current instructions for collecting appropriate samples for influenza specimens and how to package and ship those specimens to meet laboratory requirements
  2. Continues to separate specimens for routine surveillance from specimens for enhanced surveillance, testing specimens for enhanced surveillance using molecular techniques
  3. Validates diagnostic tests for novel subtype
  4. Obtains diagnostic reagents to identify the novel subtype
  5. Provides laboratory support to test clinical specimens for a novel subtype
  6. USGS criteria for specimen testing as determined by the Epidemiology Resource Center
  7. Develops instructions for the collection and shipment of influenza specimens to the ISDH Virology Laboratory
  8. Maintains appropriate staffing levels, calling upon surge resources as needed
  9. Ensures continuing availability of trained surge staff

### **IV. CDC Interval: Initiation, Acceleration, Peak/Established Transmission, and Deceleration**

- A. The ISDH Laboratory

1. Tests clinical specimens for influenza, identifies the novel subtype and observes for antigenic changes in circulating virus
2. Utilizes case criteria for specimens determined by the Epidemiology Resource Center
3. Ensures that instructions for completing the ISDH Laboratory Influenza Specimen Submission Form are available
4. Maintains appropriate staffing levels, calling upon surge resources as needed
5. Ensures continuing availability of trained surge staff
6. Utilizes, when necessary, Memoranda of Agreement (MOA), or other arrangements, with additional laboratory and personnel facilities to enhance laboratory capacity.

#### V. CDC Interval: Resolution

- A. The ISDH Laboratory:
  1. Provides laboratory specimen submission forms available through the ISDH Web site at [www.in.gov/isdh/Laboratories/Submission Forms & Containers](http://www.in.gov/isdh/Laboratories/Submission Forms & Containers) under the Laboratory tab containing at least the following information fields. The same functionality is available through the ISDH electronic lab specimen submission system, LimsNet, available by contacting the LimsNet Help Desk at [LimsAppSupport@isdh.in.gov](mailto:LimsAppSupport@isdh.in.gov), 317-921-5506, or 888-535-0011
    - a. Demographics
    - b. Onset date
    - c. Date of collection
    - d. Specimen source
    - e. Symptoms
    - f. Vaccination history
    - g. Submitter name, address, telephone and FAX numbers.
  2. Maintains reference capability and capacity to isolate influenza in cell culture.
  3. Maintains reference capability and capacity to perform subtyping
  4. Conducts year-round influenza testing
  5. Maintains CDC/Laboratory Response Network (LRN)/WHO protocols for identifying influenza and subtyping.
  6. Maintains reference capability and capacity to performing PCR for rapid detection and subtyping of influenza viruses.
  7. Submits influenza isolates to CDC according to CDC/WHO guidelines by sending isolates:
    - a. that cannot be subtyped
    - b. pre-season
    - c. early-season
    - d. late-season
    - e. representative number during peak activity
    - f. obtained during an outbreak
    - g. from persons receiving antivirals or from their contacts who become ill
    - h. from cases of suspect animal-to-human transmission
  8. Identifies, trains, and ensures competent surge staff. Staff listing found on the [ISDH Laboratory Influenza SharePoint site](#)

9. Identifies and maintains a list, found on the ISDH Laboratory Influenza SharePoint site, of laboratories that may serve as resources for specimen analysis.
10. Establishes Memoranda of Agreement (MOA), or other arrangements, with additional laboratory and personnel facilities to enhance current laboratory capacity.
11. Maintains the Emergency Lab Call-Down Protocol, found on the ISDH Laboratory Influenza SharePoint site, for alerting staff.
12. Maintains a minimum level of, and ability to track, 100 shipping containers, consisting of viral transport media, specimen swabs, airbills, cool packs, and coolers, for viral isolation/identification.

## **Annex E, Appendix 1**

### **Pandemic Influenza Testing and Specimen Submission Protocol**

#### **I. Introduction.**

- A. The ISDH Laboratory will be used for influenza virus testing on patients meeting the case definition of pandemic influenza by surveillance criteria below.

#### **II. Surveillance Criteria**

- A. Patient meets case definition which will be established as soon as a potential pandemic strain is identified. The case definition will contain clinical, travel, demographic information that will drive the development of the case definition. The CDC will be used as guidance for developing definition. :
- B. Patients meeting the pandemic influenza surveillance criteria will be tested at the ISDH Laboratory as long as laboratory capacity is available and there is an epidemiological need.
- C. Specimens will be accepted only with prior approval from a member of the ISDH Epidemiology Resource Center Surveillance Team (ERC ST)
- D. Predetermined influenza sentinel sites will be encouraged to continue to submit specimens on a year round basis. Sentinel influenza specimens will be given priority for testing

#### **III. Reporting Suspect Cases of Pandemic Influenza**

- A. Initial Report
  - 1. A report of pandemic influenza may be made to the ISDH ERC via fax, phone, or other communication methods to determine a case of pandemic influenza.
- B. **Prior to submitting a case report or suspect specimen, health care workers will verify on the ISDH website that the case definition has been met. Initially, Health care workers requesting specimen testing *contact the ERC at 1.866.233.1237. This number is available 24 hours a day, 7 days a week.***
- C. **After it is determined that the pandemic strain is in Indiana, health care workers (HCW's) keep abreast of the case definitions and the ERC is contacted for consultation only.**
- D. The ISDH duty officer will notify a member of the ERC ST, who will consult with the health care worker via telephone or other communication method, to determine if the specimen should be submitted to the ISDH Laboratory for testing.
  - 1. If, after consultation and determination that the specimen should be submitted, a member of the ERC ST will notify the respiratory epidemiologist.
  - 2. The respiratory epidemiologist or designee will notify the lab.
  - 3. The ISDH Laboratory should notify the ERC ST member when the specimen arrives.
  - 4. The ISDH central staff will notify the Field Epidemiologist
  - 5. The ISDH will communicate with the CDC immediately upon first contact, per CDC's policy.

**IV. Specimen Submission Form**

- A. Completes the specimen submission form including the appropriate submitter information. Alleviation or incompleteness of data on the submission form will delay or exclude the specimen from being tested.
- B. Confirmation reports will be available at the close of business the day the lab result is available and will be faxed to the submitter indicated on the submission form.
- C. Submitters who use the LIMSNet system will have access to their results immediately
- D. Separate submission forms must be completed for each specimen, but specimens may be sent together.

**V. Laboratory Procedures, Specimen Collection and Shipment**

- A. The following human respiratory specimens are acceptable for suspected avian influenza testing:
  - 1. nasopharyngeal swabs and aspirates
  - 2. oropharyngeal aspirates or washes
  - 3. throat swabs
  - 4. tracheal aspirates
  - 5. broncheoalveolar lavage
- B. Nasopharyngeal swabs and aspirates are the samples of choice. Tissue specimens are not recommended at this time.
- C. Swab specimens should be collected using flocced swabs and should be submitted in M5 or UTM viral transport medium. Alternatively, swabs with a Dacron® tip and an aluminum or plastic shaft can be used and should be submitted in viral transport medium. Swabs with calcium alginate or cotton tips and wooden shafts are unacceptable.
- D. ***Specimens must be labeled with the patient's name and collection date, or they will be deemed unsatisfactory for testing.***
  - 1. Samples should be refrigerated and transported within 24 hours of collection by priority overnight shipping or courier to the ISDH Laboratory:
    - Indiana State Department of Health Laboratories
    - Attn: Virology Lab
    - 550 West 16<sup>th</sup> Street, Suite B
    - Indianapolis, Indiana 46202
  - 2. Submitters should contact the ISDH laboratory to determine the laboratory's hours of operation.
    - a. The laboratory's hours will be determined based upon need and has the ability to work weekend and extended hours. However, the expanded hours will only occur after ERC and laboratory have discussed surge and need for expanded testing.
- E. Protocols for standard interstate shipment of etiologic agents should be followed. These standards are available at <http://www.cdc.gov/od/ohs/biosfty/shipregs.htm>. All shipments must comply with current DOT/IATA shipping regulations.

## **Annex F**

### **Community Containment**

#### **I. Background**

##### **A. Containment strategies**

1. Social distancing (interventions to reduce personal interactions)
2. School closure
3. Restrictions on mass gatherings and/or public events
4. Isolation of symptomatic individuals
5. Quarantine of individuals or groups with potential or actual exposure (not ill)

##### **B. Hygiene measures to promote**

1. Wash hands frequently.
2. Cover your mouth with tissue, your elbow or upper sleeve when you cough or sneeze. Discard used tissues promptly and wash your hands.
3. Stay home if you are sick (and how long to stay home).
4. Avoid contact with those who are ill.

#### **II. Communication and Education**

##### **A. Public education**

1. A call center may be established as outlined in Appendix 1.
2. ISDH pandemic influenza Web site
  - a. The ISDH ERC Surveillance and Investigation Division monitors the pandemic influenza Web site to make sure materials are current and determines which materials should be added or removed.
  - b. Once the ISDH pandemic influenza plan has been enacted, requests to post flu-related materials are prioritized and posted within one business day.
  - c. Materials posted to the ISDH Web site are reviewed by the Director of Surveillance and Investigation and other necessary staff and the ISDH OPA Director prior to posting.
3. Media
  - a. The ISDH OPA Director or designee serves as the agency spokesperson during pandemic response-related activities.
  - b. The ISDH ERC Surveillance and Investigation Division provides information when necessary. Case counts are provided to OPA and senior agency officials at specified times per day.
  - c. Methods (including but not limited to)
    - i. Press releases and press conferences (print, radio, television)
    - ii. Public service announcements (PSA) in video, audio, and print formats
    - iii. Interviews with media (print, radio, television)
  - d. Information (including but not limited to)
    - i. Call center number
    - ii. When/where to seek medical care
    - iii. Hygiene measures (see I.B. above)
    - iv. Infection control and prevention (including social distancing)
    - v. Caring for those ill
    - vi. Illness information (signs, symptoms, incubation, transmission)



- vii. Case counts and other epidemiologic information
- 4. Private and public health provider information
  - a. Indiana Health Alert Network (IHAN): The ISDH ERC Surveillance and Investigation Division prepares messages as necessary, defines level of alert and role codes, and submits to Preparedness staff for distribution.
  - b. Blast e-mail/fax: The ISDH ERC Surveillance and Investigation Division prepares messages as necessary, defines recipients, and submits to appropriate staff for distribution.
  - c. Partner newsletters/distribution lists: The ISDH ERC Surveillance and Investigation Division prepares messages as necessary, defines recipients, and submits to appropriate staff for distribution.
  - d. Information (including but not limited to)
    - i. Provider hotline number
    - ii. Case definitions and investigation procedures
    - iii. Diagnosing and testing parameters
    - iv. Surveillance updates
    - v. Federal and state guidance on community mitigation measures

### **III. Community Outreach**

- A. CDC checklists for community use are available on the pandemic influenza page of the ISDH Web site for businesses, community and faith-based organizations, non-profits, and others. Local health departments may use these to coordinate with community groups,
- B. The ISDH has provided guidance to local health departments to define special populations in their communities and collaborate with community partners.
- C. “Town hall meetings” are conducted by local health departments to encourage networking and coordination with community partners, including local health departments, businesses, faith-based organizations, non-profits, and others.

### **IV. School Closure**

- A. When, in the professional opinion of epidemiologists in the ISDH ERC, surveillance data indicate that school closure should be considered to slow the spread of transmission, the ERC informs the State Health Commissioner.
- B. The ISDH ERC provides the most current federal guidance on school closure, including day care facilities and institutions of higher education, to the State Health Commissioner.
- C. When the State Health Commissioner decides to close schools, the ISDH:
  - 1. Proceeds according to Appendix 2, “Special Considerations for Schools and School Closure,” of this Annex
  - 2. Informs the Indiana Department of Education, State School Superintendent.

### **V. Isolation and Quarantine**

- A. The ISDH strongly encourages the use of **voluntary** isolation at the earliest sign of illness and **voluntary** quarantine of individuals with known exposure (such as caring for someone ill, travel to affected areas, or those traveling on public conveyance with someone ill) to the greatest extent possible.
- B. The ISDH provides the most current federal guidance on isolation and quarantine to the State Health Commissioner and other partners as warranted.

- C. Indiana Administrative Code (IAC) 16-41-9-1.5 provides the legal authority and procedure for establishing quarantine or isolation of individuals or groups.
- D. The decision to invoke mandatory isolation or quarantine is based on:
  - 1. the surveillance data indicating the transmissibility of the virus
  - 2. federal guidelines for isolation and quarantine
  - 3. likelihood for exposing others
  - 4. likelihood for noncompliance with voluntary isolation and/or quarantine
- E. Situations that may require orders for isolation or quarantine include:
  - 1. Egress or ingress through Indiana ports of entry to/from foreign countries
- F. The ISDH informs the Attorney General's Office about laws to enable needed restrictive measures with the goal of implementing them with minimal delay following a decision to institute their use.
- G. In each local jurisdiction the local health department, emergency management agency or other designated agency monitors those in mandatory isolation or quarantine and provides for their necessary supplies.
- H. The practice of mandatory isolation and quarantine is discontinued if ISDH or local resources needed to maintain this activity are exceeded.

## **Annex F, Appendix 1**

### **Establishing Call Center**

#### **I. Background**

- A. A call center is a centralized location equipped and staffed to handle a large volume of telephone calls.
- B. Call center staffers disseminate accurate information and refer callers to services and resources for additional assistance in the event of a disaster.
- C. A call center is established at the direction of the State Health Commissioner and/or his/her designee.

#### **II. Identify start date and hours of operation for call center**

- A. The Director of Public Health Preparedness and Emergency Response (PHPER) or Director of Epidemiology Resource Center (ERC) will
  1. Advise when the call center should open
  2. Advise hours of operation
    - a. Generally, the call center will be open Monday through Friday, 8:00 a.m. to 4:45
    - b. When needed, PHPER or ERC will require weekend hours of operation

#### **III. Identify a room and equipment for the call center**

- A. The Administrative Services Division Director:
  1. Locates a room with access to food, water, restroom and kitchen facilities, etc.
  2. Locates phones. If the room does not already have phones, Administrative Services will utilize the phones in the Department Operations Center (DOC) cabinet of the 8<sup>th</sup> floor training room.
  3. Locates computers. If the room does not already have computers, Administrative Services will utilize the DOC computers in the cabinet of the 8<sup>th</sup> floor training room.
  4. Locates a printer. If the room does not already have a printer, Administrative Services will utilize the DOC printer / fax in the 8<sup>th</sup> floor training room.
  5. Locates headsets. Administrative Services will utilize the DOC headsets in the cabinet of the 8<sup>th</sup> floor training room.
  6. Secures the toll free number for the call center
  7. Sets up the phone system to include:
    - a. number of phones necessary
    - b. call roll over
    - c. when a staff person is away from his/her phone, what happens to that line
    - d. when all phones are in use, what happens to the next call
    - e. create message for afterhours callers
  8. Sets up a health care provider hotline, if requested and necessary
  9. Grants appropriate building access and parking provisions to all call center staff to include weekend and afterhours access and provisions
  10. Contacts the DOC Set Up Team to request that the room be set up. Set up procedures are located in One Note Notebook for the DOC. The DOC Set Up Team:
    - a. Sets up the phones

- b. Sets up the computers
  - c. Sets up the printer
  - d. Sets up the headsets
11. Tests that the room setup is working correctly
- a. Verify the phone features are working correctly
  - b. Verify the computers and printer are working
  - c. Verify the toll free number is working

#### **IV. Identify appropriate means to notify the media of the call center**

- A. The Office of Public Affairs (OPA):
- 1. Sends out a news release statewide to the media to notify the public of the call center and publishes the toll free number.
    - a. This does not occur until the call center is up and running.
    - b. The phone number of any health care provider hotline, if established, is not to be released to the media or disseminated by OPA.
  - 2. Submits a Web services request on SharePoint to have information on the call center posted on the ISDH Web site and /or works with the Indiana Department of Homeland Security (IDHS) to have it posted on [www.in.gov/flu](http://www.in.gov/flu).
    - a. The phone number of any health care provider hotline, if established, is NOT to be released to the media or disseminated by OPA or IDHS.
  - 3. Sends an IHAN message, if deemed appropriate.
  - 4. Will need:
    - a. Phone number for call center
    - b. Confirmed days and hours of operation of the call center and helpline
    - c. Copy of the script to be used by the call center/helpline staff
    - d. Contact information for call center manager

#### **V. Identify appropriate communication information to be relayed by the call center staff**

- A. The ERC:
- 1. Writes scripts in collaboration with PHPER, Office of Public Affairs (OPA) and office of Legal Affairs (OLA) and distributes the scripts to call center staff and health care provider hotline staff.
    - a. Scripts will be updated as necessary throughout the event.
  - 2. Trains call center volunteers
  - 3. Provides appropriate websites, contact numbers, etc.

#### **VI. Identify management for the call center**

- A. The Division Director of PHPER and Division Director of ERC designates as manager of the call center.
- B. The call center manager:
- 1. Obtains the schedule and the roster list of interested call center staff (both are developed and maintained by PHPER)
  - 2. Completes the schedule taking into account lunch coverage, shift overlap for training, burn-out of staff, program area needs, etc.
  - 3. Ensures that appropriate office supplies are available for call center staff
  - 4. Trains call center staff on how to enter all call information on a pre-developed, shared spreadsheet (developed and maintained by ERC and PHPER) that can

be sorted to show how many calls are regarding a particular question, symptom, etc.

5. Determines the number of staff needed at the beginning of each day and notifies staff if changes need to be made
6. Determines the number of phones needed at the beginning of each day and contacts Administrative Services if changes need to be made
7. Ensures the phones are properly configured for the day's operation
8. Reports the daily number of calls at noon and close of business to the Director of PIPHER and Director of ERC
9. Ensures that facial tissues, hand sanitizers and waste baskets are available for each staff person
10. Secures supplies so that each work area is sanitized in the morning, at shift change and at close of business
11. Monitors the call center operation and addresses any operating issues with the phones or computers.

**VII. Identify if there is a need for a health care provider hotline**

- A. A healthcare provider hotline is established at the direction of the State Health Commissioner and/or his/her designee.
- B. The Director of PIPHER or Director of ERC will contact the ISDH staff members who are physicians to advise them of the need to assist.
- C. The PIPHER Division will provide the hotline number to health care providers ONLY.

**VIII. Identify expectations of call center staff**

- A. Call center staff:
  1. Receives permission from supervisor to work at the call center
  2. Follows script
  3. Appears on time
  4. Receives training on phone use and the script.
  5. Remains for entire shift unless released early by call center manager or permission is granted by call center manager to leave early
  6. Logs all call information onto spreadsheet
  7. Reports number of call received to call center manager at noon and COB

**IX. Identify when to close the call center**

- A. The closure of the call center is initiated at the direction of the State Health Commissioner and/or his/her designee
  1. The Director of PIPHER or Director of ERC will recommend closure to the State Health Commissioner.
  2. This may occur when the number of calls has dropped to a level that can be managed by the program area.
  3. The call center may also be transferred to one specific staff person who will solely man the call center until it is decided to close it.
  4. OPA should be notified immediately when it is determined to close the call center. OPA will provide at least 24 hours notice to the public in a news release advising of the closure of the call center.
- B. The DOC Set Up Team tears down the phones and equipment. Tear down procedures are located in the One Note Notebook for the DOC.

## **Annex F, Appendix 2**

### **Special considerations for schools and school closure**

#### **I. Rationale for school closure**

- A. Figure 1 (a 2-page document) contains a memorandum from the Indiana State Health Commissioner outlining the reasons for school closure.

#### **II. Epidemiologic Considerations**

- A. Each of the following three categories of institutions may be considered separately for closure, as outlined elsewhere in the Plan, and with due regard for epidemiologic considerations:
  - 1. K-12 schools
  - 2. day care centers
  - 3. post secondary educational institutions (such as colleges, universities, or business schools)

#### **III. Legal considerations**


- A. Each school district must receive a specific school closure order naming the district.
- B. Each school not affiliated with a school district (such as private or religious schools), day care center, and post-secondary educational institution must receive a specific school closure order naming the school, day care center, or institution.
- C. The order must be signed by the Local Health Officer or by the State Health Commissioner or designee.

#### **IV. The Plan**

- A. The attorney in Public Health Preparedness and Emergency Response at ISDH will draft a school closure order template with blanks for the name of the school district or institution and any other required information that may be specific to the school district, institution, county, or city.
- B. The order template will be transmitted to the Local Health Department by e-mail, fax, or other communication device.
- C. The Local Health Department will make copies and fill in the blanks for each school district, unaffiliated school, day care center, or post-secondary educational institution in its jurisdiction.
- D. The Local Health Officer will sign the orders.
- E. The Local Health Department will deliver the order to each school district, day care center, or other institution (as noted above), by all three of the following methods:
  - 1. courier
  - 2. AND certified mail, return receipt requested
  - 3. AND regular US Postal Service mail.

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Figure 1. Memorandum outlining the reasons for school closure



**Indiana State  
Department of Health**  
*An Equal Opportunity Employer*

**Mitchell E. Daniels, Jr.**  
*Governor*

**Judith A. Monroe, M.D.**  
*State Health Commissioner*

**May 15, 2007**

**TO: Pandemic Influenza Planning Partners**

**FROM: Judy Monroe, MD  
State Health Commissioner**

**SUBJECT: School Closure and Slowing the Spread of Pandemic Influenza in the Community**

---

The Mission of the Public Health Surveillance and Preparedness Commission is to respond to public health threats and prevent avoidable disease, death and disability.

**Background**

In the event of the outbreak of pandemic influenza, it will take 6-8 months to develop vaccine and vaccine will likely continue to be in short supply for a year or more. Likewise, antiviral medication is also expected to be in short supply. Therefore, the best hope for early mitigation of the pandemic lies in the realm of non-pharmacological interventions. These interventions include isolation of sick individuals, quarantine of close contacts of those who are sick, and various forms of social distancing, such as school closing and discouragement of large public gatherings. It is understood that these methods can not prevent the pandemic but they can help prevent avoidable disease, disability, and death by slowing the spread of influenza in the community. By doing so, it will:

- Buy time for the production and distribution of vaccine and/or antiviral medications;
- Extend, or stretch, the epidemic wave to lower the peak incidence of absenteeism, thus reducing the degree of social and economic disruption and disruption of essential services. For example, with lower absenteeism among health care workers and fewer people seeking care on any given day, the healthcare system would be better able to provide adequate care to those who need it.


**Importance of School Closure to the Community**

Schools are already known to be a hotbed of influenza transmission within communities. Schools bring a large number of children together. The disease is easily spread among the children and brought home to other household members. One study shows that 65% of those infected with influenza catch it from a child or teenager. Simulation models of influenza transmission indicate that while other methods of social distancing (c.g., discouraging large public gatherings) also have some effect; none are as effective as closing schools.

**Epidemiology Resource Center**  
2525 N. Shadeland Ave. Suite E3, Indianapolis, IN 46219  
317.356.7190 ext. 253

**Laboratories**  
635 North Barhill Dr. Room 2031, Indianapolis, IN 46202  
317.233.8000

**Weights & Measures**  
2525 N. Shadeland Ave. Suite D3, Indianapolis, IN 46219  
317.356.7078 ext. 221



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The Indiana State Department of Health supports Indiana's economic prosperity and quality of life by promoting, protecting and providing for the health of Hoosiers in their communities.

Figure 1 is continued on the next page.



## Figure 1, Continued

**Timing of Closure**

Studies of information from various U.S. cities during the 1918 influenza pandemic show that cities that closed schools early in the pandemic experienced lower incidence of disease than those that closed schools later. This is also supported by simulation models of influenza transmission. The exact timing of school closure depends on several factors and is best determined by epidemiologists at the Indiana State Department of Health (ISDH) and at the Centers for Disease Control and Prevention (CDC), taking into account what is known about the severity of the pandemic and the spread of the virus in other areas prior to its arrival in Indiana. It is clear, however, that closing should take place early in the pandemic, probably before it is even evident to most people that the pandemic is about to reach their community. In the event of a pandemic the decision to close the schools will be made by the State Health Commissioner.

**Re-opening**

The decision of when to reopen schools is much more problematic than deciding when to close them. During the 1918 pandemic, many communities reopened schools or lifted restrictions too early and experienced a rapid upsurge in disease incidence. A few communities waited too long and lifted restrictions just before the onset of the next wave of the pandemic. While it is easy to look at these communities with hindsight and say they opened too early or too late, it is not so easy to make this determination while events are unfolding. Again, timing is best determined by epidemiologists at the ISDH and at the CDC, taking into account what has happened in other communities that have lifted restrictions.

## **Annex G**

### **Medical Countermeasures**

#### **I. Background**

- A. The Director of the CDC in consultation with the Secretary of HHS, or his/her designee, determines when to activate the Division of Strategic National Stockpile (DSNS) to begin the distribution of critical medical material.
- B. The DSNS pandemic influenza response includes distribution of
  1. Antiviral medications
  2. Masks and respirators
  3. Personal Protective Equipment (PPE) and medical supplies (intravenous antibiotics, ventilators)
- C. Assumptions
  1. The initial outbreak of human-to-human transmission of a novel influenza subtype occurs overseas and the delivery of SNS pandemic countermeasures is complete before the onset of disease in Indiana.
  2. Federal DSNS has a completed stockpile of pandemic countermeasures, functional staff, and necessary resources to deliver pandemic countermeasures to Indiana.
  3. Indiana has a completed stockpile of antiviral medication, functional staff, and necessary resources to receive and distribute pandemic countermeasures from the state/federal stockpile to local jurisdictions.
  4. ISDH orders the distribution of pandemic countermeasures to the local jurisdictions under non-emergency conditions before local outbreaks occur.
  5. All prerequisites set forth in the federal contracts between Department of Health & Human Services, GlaxoSmithKline, and Roche Laboratories, Inc. regarding the dispensing and administration of the antivirals have been met.
- D. State Response
  1. Indiana maintains a stockpile of approximately 650,000 courses of antiviral medication.
  2. Upon the federal decision to distribute federal SNS assets, the Indiana State Health Commissioner, or his/her designee, determines when to begin the distribution of SNS assets to local jurisdictions.
  3. Indiana receives pandemic countermeasures contained in the federal SNS.
  4. The Indiana Strategic National Stockpile (ISNS) pandemic influenza response includes distribution of
    - a. Antiviral medications
    - b. Masks and respirators
    - c. Additional items as available
- E. Local Response
  1. Receive, store, secure, distribute, and dispense pandemic influenza countermeasures within the local jurisdiction.
  2. Request additional resources as needed.

**II. Response Operations**

- A. Federal assets are delivered to one location in Indiana in three parts over successive days.
  - 1. Part 1—Antiviral drugs
  - 2. Part 2—Masks and respirators
  - 3. Part 3—Additional PPE, IV antibiotics, ventilators, etc.
- B. The state sets up the RSS by following the RSS activation protocols in the ISDH SNS Plan which is incorporated herein by reference.
- C. Material is received, inventoried, and staged as described in the ISDH SNS Plan.
- D. Soon after arrival at the RSS, all assets are shipped to one location in each health department's local jurisdiction as described in the county pandemic influenza countermeasure distribution plans. Guidance for developing local plans is incorporated herein by reference.
  - 1. Antiviral drugs are distributed first as described in the countermeasures distribution plan.
  - 2. Masks and respirators are distributed when the antiviral drug distribution is complete as described in the countermeasures distribution plan.
  - 3. Other PPE, IV antibiotics, and ventilators are allocated and distributed on the basis of availability and need as determined by hospital request through the POD/Hospital/Alternate Care Site SNS Request SOP incorporated herein by reference.
- E. Once the countermeasures are received at the local level they become the responsibility of that jurisdiction.
  - 1. Each local jurisdiction has developed a plan for receiving and distributing SNS assets.

## **Annex G, Appendix 1 Vaccine Distribution**

### **I. Assumptions:**

- A. Existing pre-pandemic vaccine (non-specific antigen) will be provided by the federal government, if available.
- B. Pre-pandemic vaccine will be shipped to storage and distribution centers designated by local health departments (LHDs).
- C. Antigen-specific pandemic influenza vaccine production will require at least 4-6 months.
- D. Availability of antigen-specific pandemic influenza vaccine will be limited.
  1. Vaccine distribution will be population based per CDC guidelines and state population estimates.
    - a. Indiana will initially be allocated a pro rata share of vaccine based on population.
    - b. This supply will only vaccinate 0.5% to 5% of the state's population with 2 doses per person.
  2. Initial vaccine distribution will be prioritized in accordance with CDC guidelines.
- E. Antigen-specific pandemic influenza vaccine will initially be shipped from the manufacturer to storage and distribution centers designated by each local health department.
- F. These centers may be required to remain operational for 4-6 months distributing pandemic influenza vaccine.
- G. Pandemic operations will take place over many months and involve vaccination of an unprecedented number of persons.
- H. Pandemic influenza may have more than one wave of illness.
- I. Pandemic response will require program-wide sustainability over many months.
- J. The 2009 novel H1N1 outbreak may require revision of these assumptions.

### **II. Responsibilities**

- A. ISDH Public Health Preparedness and Emergency Response Division (PHPER) are responsible for coordinating all operations, and assuring delivery of available vaccine and related supplies to LHDs.
- B. LHDs are responsible to:
  1. Receive shipments of vaccine and supplies
  2. Store vaccine at proper temperatures and maintain this cold chain during any further transport and administration
  3. Deliver vaccine and supplies to locations at which vaccine will be administered
  4. Administer vaccine
- C. The ISDH Immunization Program is responsible for providing planning and technical assistance to PHPER and LHDs in planning and execution of this plan with particular emphasis on
  1. Purchase of vaccine and supplies
  2. Cold-chain maintenance

3. Appropriate use of vaccines
4. Collecting data and data transfer using the immunization registry (C.H.I.R.P.)
5. Providing guidance for vaccine safety and adverse event reporting (VAERS)
6. Supporting back-up disease investigation capacity
7. Providing technical assistance and provider education

### III. Response Operations

- A. Identify population groups in the first tier for receipt of the limited early supply of pre-pandemic or pandemic influenza vaccine when available and deemed necessary.
  1. Because of uncertainties regarding who will be most susceptible and most at risk for severe disease, strategies for pandemic vaccination will need to be flexible and probably modified at the time of the pandemic, based on the epidemiology of the disease and guidance from CDC.
    - a. Indiana specific circumstances will be considered in the adaptation of tiered delivery systems for distribution of vaccine.
    - b. PHPER will determine the numbers of doses for each county based on proportions of tiered system groups and the total amount of available vaccine.
- B. The Federal Government will initially ship Indiana's pre-determined allocation of pandemic influenza vaccine directly to Indiana's local storage and distribution centers designated by each of the 93 local health Departments<sup>1</sup>. The following planning and operational activities are important considerations for receipt of this vaccine:
  1. Prior to the notification that pandemic influenza vaccine will be shipped, refrigerated storage units with the necessary cubic foot storage capacity and temperature control will be established at each distribution center.
  2. Refrigerated storage capacity will be established and operational at least 72 hours prior to anticipated vaccine delivery to ensure temperature stabilization.
  3. A temperature monitoring system capable of monitoring and tracking vaccine storage temperatures will also be in place at least 72 hours prior to anticipated vaccine receipt.
  4. Each local health department inspects and approves the vaccine storage and temperature monitoring systems prior to vaccine receipt.
    - a. Each local health department (LHD) will receive and store vaccine according to vaccine transport guidelines established by ISDH and CDC<sup>23</sup>.
    - b. LHDs receiving pandemic influenza vaccine must be able to specify and confirm with ISDH procedures to ensure secure receipt, transport, storage, delivery, and administration of pandemic influenza, as detailed in their local response plan.<sup>45</sup>

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<sup>1</sup> Local Health Departments include: 91 County Health Departments and the City Health Departments of Gary and East Chicago, Indiana.

<sup>2</sup> CDC Vaccine Storage and Handling Tool Kit

<sup>3</sup> ISDH Immunization E-Letter, Issue #305, pg. 3, Primary Vaccine Coordinator...

<sup>4</sup> CDC Vaccine Storage and Handling Tool Kit

<sup>5</sup> CDC Vaccines for Children Operations Manual

5. Additional contingency plans may be required depending upon how the vaccine supply is delivered (i.e., enough doses to immunize Indiana's population all at once vs. receiving vaccine spread over a period of time) and depending upon the pandemic situation in Indiana and the rest of the world.
  6. Adverse events will be monitored post-vaccination through the Vaccine Adverse Events Reporting System (VAERS; <http://vaers.hhs.gov/>)<sup>6</sup>.
  7. The Immunization Registry is utilized to track the vaccine supply, distribution, administration, adverse reactions, and recall for second doses.
  8. ISDH assists LHDs in obtaining Vaccine Information Statements (VIS), including translations for non-English readers from the CDC or other trusted sources (e.g., State or Local Health Departments or the Immunization Action Coalition).
- C. The ISDH SNS Program coordinates delivery of supplies used in the administration of vaccines to designated pandemic vaccine storage facilities within each county.
1. The ISDH SNS Program will request additional supplies through Federal SNS and/or replenish supplies through medical supply distributors.
- D. ISDH will notify the general public through public service announcements coordinated with local health departments and the ISDH Office of Public Affairs regarding pandemic vaccine clinics.
- E. Pandemic vaccine clinics, staffing and operations.
1. Pandemic vaccine clinics are conducted by each local health department based on pre-existing plans.
    - a. ISDH provides guidance and technical support for vaccine delivery, storage, cold chain management and vaccine data collection for county pandemic influenza vaccine management.
    - b. ISDH utilizes the Vaccine Adverse Event Reporting System (VAERS) to monitor adverse events associated with vaccinations.
      - i. Additional guidance has been developed by the ISDH Immunization Program to enhance adverse event monitoring and reporting<sup>7</sup>.
    - c. The recent incorporation of a mass vaccination clinic module into the Children and Hoosiers Immunization Registry Program (C.H.I.R.P) allows the immunization registry to collect and report CRA compatible data to PHPER and CDC during Local health department conducted mass immunization clinics.

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<sup>6</sup> See Vaccine Adverse Event Reporting System (Enhanced) (VAERS)

<sup>7</sup> See Vaccine Adverse Event Reporting System (Enhanced) (VAERS)

## **Annex H**

### **US Ports of Entry**

#### **I. Federal 2009 Assessment of Pandemic Influenza Operations Plans Definition.**

- A. A port of entry (POE) communicable disease response plan (CRP) is required for locations with a Quarantine Station (QS).

#### **II. Indiana status**

- A. There is no Quarantine Station in Indiana.

#### **III. Conclusion**

- A. No Port of Entry plan is required for Indiana.

## **Annex I**

### **Support & Coordination of Healthcare Facilities**

#### **I. Healthcare Facilities Overview**

- A. In establishing the support and coordination function of healthcare facilities during an influenza pandemic it is necessary to set up the Department Operations Center (DOC) at the Indiana State Department of Health (ISDH) to support and coordinate healthcare resources. This plan focuses on healthcare communications, data gathering and resource coordination, which are:
  - 1. Bed Tracking
  - 2. Patient Tracking
  - 3. Healthcare Personnel Tracking
  - 4. Medical Supplies and Equipment Tracking

#### **II. Communications**

- A. Activate district and individual hospital emergency operation plans using
  - 1. Indiana Health Alert Network (IHAN)
  - 2. District mass notification systems
- B. Activate and monitor official healthcare communication mediums
  - 1. 800 MHz State and District Hospital talk groups
  - 2. Web EOC hospital message boards
  - 3. Healthcare MS Communicator

#### **III. Bed Tracking**

- A. Monitor and track bed availability on a state, district and individual healthcare facility level using the EWA Phoenix Bed Tracking System
- B. Identify available beds
- C. Assist District Hospital Commander/Coordinators in identifying available beds
- D. Report bed data as requested by the Hospital Available Beds for Emergencies and Disasters System (HAVBED)

#### **IV. Patient Tracking**

- A. Monitor and track healthcare patient admissions and transfer on a state, district and individual healthcare facility level using the EWA Phoenix Patient Tracking System
- B. Identify and assist in patient tracking needs for healthcare facilities
- C. Assist District Hospital Commander/Coordinator in coordinating patient movements

#### **V. Healthcare Personnel Tracking**

- A. Maintain information on the status, location, and availability of off-duty staff and volunteer personnel at the state and district level using the ISDH Electronic System for Advanced Registration of Volunteer Health Professional Registry
- B. Activate and transfer off-duty staff to healthcare facilities in need
- C. Report the status of Volunteers to the National ESAR-VHP program as requested

#### **VI. Medical Supplies and Equipment Tracking**

- A. Monitor and track medical resource requests between healthcare facilities and districts
- B. Identify and anticipate healthcare resource needs



- C. Assist District Hospital Commander/Coordinator in coordinating healthcare resource needs

## **Annex J**

### **Management of Mass Fatalities**

#### **I. Background**

- A. A severe pandemic is likely to cause large numbers of fatalities that will overwhelm the usual local processes of embalming, holding of services, and burying.

#### **II. Responsibilities**

- A. Responsibility for fatalities is local.
  - 1. Generally, this is the responsibility of the County Coroner, with assistance and/or advice from the County Emergency Management Agency (EMA) and the local health department
- B. A guidance document was developed by the Indiana State Department of Health that outlines a planning process for local communities handling large numbers of fatalities.

#### **III. Reference**

- A. The document “County Mass Fatality Planning Services—County Field Guide for the Management of Dead Bodies During an Influenza Pandemic” is incorporated herein by reference.

## **Annex K**

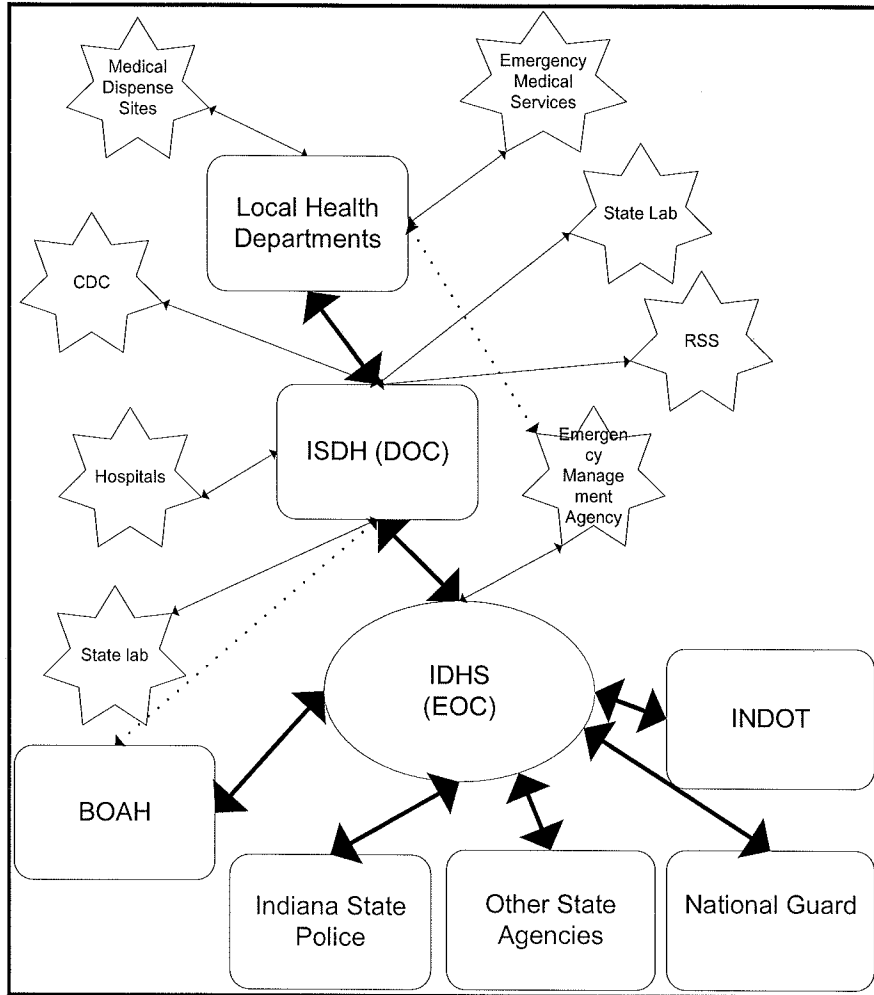
### **Tactical Communications**

#### **I. Communications Plan Overview**

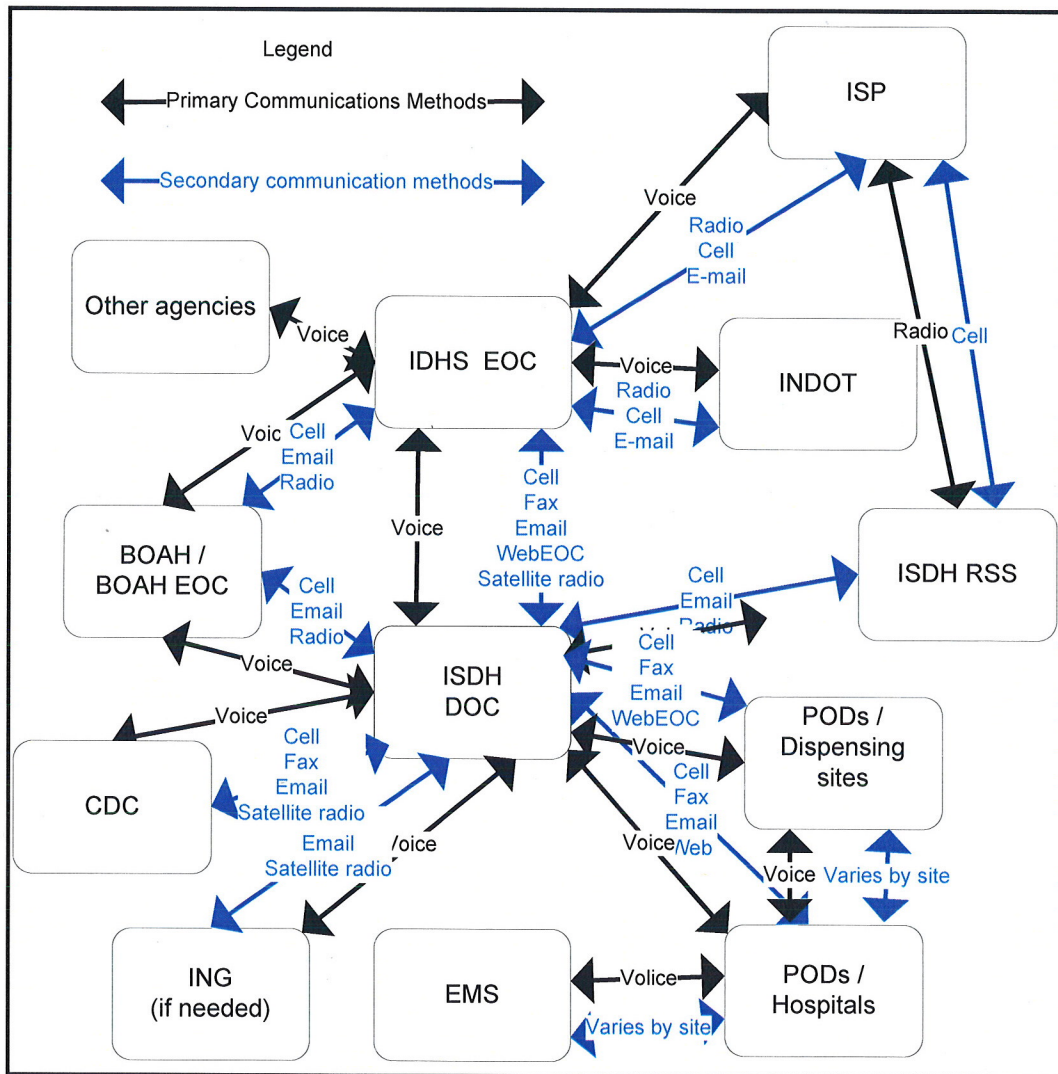
- A. The communications plan is part of an all hazards communication plan that follows PHIN (Public Health Information Network) guidelines. This plan focuses on tactical communications and not public communications, which is addressed in another annex. This annex focuses on three areas:
  - 1. Communications between key partners
  - 2. Alerting / notification protocols
  - 3. Testing plan

#### **II. Communications Between Key Partners**

- A. Effective tactical communications to support consists of three components:
  - 1. Identifying the key stakeholders with whom we need to communicate
  - 2. Identifying the methods with which we need to communicate
  - 3. Initiating communications
- B. The first step in effective communications is to understand the key stakeholders with which we must communicate. They are:
  - 1. Board of Animal Health - BOAH
  - 2. Centers for Disease Control and Prevention -CDC
  - 3. Indiana Department of Homeland Security - IDHS
  - 4. Indiana Department of Transportation - INDOT
  - 5. Indiana National Guard - ING
  - 6. Indiana State Department of Health Department Operations Center – ISDH  
DOC
  - 7. Indiana State Police - ISP
  - 8. Local Health Departments
  - 9. Receive, Store and Stage - RSS – Distribution center that supports distribution of medication and supplies.



C. The second step is to identify the best methods for communicating with the key stakeholders. Following is a chart with this information:



The acronyms from the diagram are:

1. Board of Animal Health (BOAH)
2. Centers for Disease Control and Prevention (CDC)
3. Emergency Medical Services (EMS)
4. Indiana Department of Homeland Security Emergency Operations Center (IDHS EOC)
5. Indiana Department of Transportation (INDOT)
6. Indiana National Guard (ING)
7. Indiana State Department of Health Department Operations Center (ISDH DOC)
8. Indiana State Police (ISP)
9. Point of Dispensing (POD)
10. Indiana State Department of Health Department Receive, Store and Stage (ISDH RSS)

**D. Initiating communications**

1. In the event of a pandemic flu incident, the ISDH may stage the Department Operations Center (DOC). Communications will flow through the DOC two ways:
    - a. The DOC will communicate directly with hospitals and local health departments.
    - b. Communications to other stakeholders (agencies, EMAs, National Guard, etc.) will flow through the Emergency Operations Center (EOC) at the Department of Homeland Security.
  2. The DOC procedures include the steps required to establish communications. The Documentation for the DOC procedures is stored in a One Note book at S:\ITS\BTPreparedness\DOC Procedures\ISDH Department Operations Center. They are defined in the Room Setup section.
  3. In the event that the DOC is not staged, communications will be established on a case-by-case basis. Depending on the nature and scope of the incident, the DOC Communications person will work with the Incident Commander to determine and publish the appropriate phone numbers for contact points and common 800 MHz radio talk groups.
- E. IPICS (Internet Protocol Interoperable Collaborative System)**
1. IPICS can be used two ways:
    - a. For predefined individuals (called policies in IPICS), the requestor can just dial into IPICS and initiate the service. Those provided access receive cards with the access instructions.
    - b. IPICS can send out notifications to individuals inviting them to join the service.
  2. The DOC (Department Operations Center) can use IPICS to manage communications with the ISDH and Hospitals.
  3. The DOC can contact Homeland Security to bridge communications with other agencies and organizations.

**III. Alerting / notification protocols**

The Indiana Health Alert Network (IHAN) is used to communicate key pan flu information across the state.

- A.** The Preparedness Communications staff can be contacted to deliver an IHAN message. The procedures and tutorials for sending a message can be found on the portal (<http://healthneti.isdh.in.gov/DATACENTER/main.aspx>) in the “My Docs” tab under “IHAN”.
- B.** When requesting an IHAN, the following information is required:
1. Urgency – based upon the time people are expected to respond to the message:
    - a. Emergency – 15 minutes
    - b. Alert – 2 hours
    - c. Advisory – 24 hours
    - d. Notification
    - e. Information
  2. Status
    - a. Actual

- b. Other options (exercise or test are not applicable)
3. Type
  - a. Original (new message)
  - b. Update to a previous message
  - c. Cancellation of a previous message
4. Message subject
5. Message text
6. Indication if this is a sensitive message and the sensitive message information.
7. CDC Emergency Group Professional roles
  - a. Unless this message is targeted to a specific audience, this is usually all roles.
8. Indiana counties to receive the message.
9. Other states to receive the message.
10. Organizations
  - a. Unless this is targeted to a specific audience (e.g. Local Health Departments or hospitals), this is all organizations.
11. Message delivery
  - a. The default is e-mail but messages can be sent by voice or fax.
12. Attachment
  - a. An attachment up to two mb may be sent with the message.
13. Confirmation
  - a. Indicate if this message requires a confirmation of receipt.
- C. Bulk e-mail – to send a bulk e-mail, contact the Preparedness Communications staff with the following information:
  1. File of addresses – this can be a spreadsheet, Word document or text (ASCII) file. Check with the IHAN contact concerning format.
  2. “Sending “e-mail address – This is the “From” address that will appear on the e-mail.
  3. Message subject
  4. Message text
  5. Attachment – an attachment up to two mb may be sent with the message.

#### **IV. Testing**

We regularly test the key communications components used in this plan.

- A. IHAN
  1. We have monthly scheduled test messages.
  2. We participate in local and statewide exercises
- B. 800 MHz radios – we do monthly radio checks with districts and health departments.
- C. IPICS – we participate in monthly tests with IOT.
- D. DOC – we set up and test communications as part of DOC setup exercises.
- E. SNS – we test communications as part of scheduled SNS exercises.
- F. Redundancies – we maintain all crucial data (including IHAN) real time at our Disaster Recovery site.

## **Annex L Mental Health**

### **I. Responsibility**

- A. The mental health component of emergency response in Indiana is the responsibility of the Division of Mental Health and Addiction of the Indiana Family and Social Services Administration (FSSA-DMHA).

### **II. The Plan**

- A. FSSA-DMHA has developed a plan entitled “Indiana Influenza Pandemic Mental Health Response Plan for Public Health, Mental Health, Healthcare and Emergency Responders”
  - 1. The plan is available from the Division of Mental Health and Addiction, 402 W. Washington St., Room W353, Indianapolis, IN 46204-2739.

### **III. The plan is incorporated herein by reference.**



## Annex M

### **Special considerations if the pandemic starts in North America and/or if some of the earliest cases in the United States are in Indiana or an adjacent state**

#### **I. Background References**

- A. Reference is made to the Assumptions and Facts in the Situation section of the Indiana Pandemic Influenza Operations Plan (the main document of which this is an annex).
  1. This annex covers situations in which either or both of the following assumptions are true.
    - a. The pandemic does not start in North America
    - b. The early cases to occur in the United States are in Indiana or an adjacent state
- B. Reference is also made to Annex B, “Plan Triggers – Pandemic Stages, Intervals, Severities and Actions” and to Appendix 1 of that Annex, “Guidelines for Consideration by the ISDH-ERC in Triggering Actions within the Indiana Pandemic Influenza Operations Plan.”
  1. The tables in that appendix are built based on the progression of a pandemic from other parts of the world to North America and then to Indiana.
    - a. Inherent in this is an assumption of some time interval (at least days, but more likely weeks) between Table 2 (USG Stage: 1, CDC Interval: Investigation) and Table 4 (USG Stage: 4, CDC Interval: Recognition) and further time to table 5 (USG Stage: 4, CDC Interval: Initiation).

#### **II. Situation – Pandemic starts in North America, but the earliest cases in the United States are not in Indiana or an adjacent state**

- A. This catapults Indiana from table 1 (USG Stage: 0, CDC Interval: Investigation) to Table 4 with no time to implement tables 2 and 3.
  1. All actions in tables 2, 3, and 4 will have to be implemented immediately upon recognition of a pandemic in North America.
  2. It takes time after the start of a pandemic to determine its severity. Therefore, the severity of the pandemic may not be immediately known at the time the actions in tables 2, 3, and 4 are implemented.
    - a. If the pandemic severity has not been determined, it will be necessary to proceed as if the PSI is 5, until a severity determination is made.

#### **III. Situation – Pandemic does not start in North America, but the earliest cases in the United States are in Indiana or an adjacent state**

- A. Probability of occurrence
  1. While this is not the most likely scenario to occur, the proximity of Chicago’s O’Hare airport (with its many intercontinental flights) to northwest Indiana increases the likelihood of this scenario.

- B. Disease containment strategy
1. The Federal Government has a strategy for containment of the earliest cases of pandemic influenza to occur in the United States.<sup>1</sup>
    - a. Intended to delay spread of disease and afford more time for preparation and for vaccine manufacture
    - b. The Indiana State Department of Health will participate in this strategy and is expected to participate in the following activities as outlined in the Federal guidance<sup>2,3</sup>.
      - i. Surveillance
      - ii. Case investigation
      - iii. Contact investigation
      - iv. Quarantine
      - v. Administration of prophylactic antivirals as provided from a special federal stockpile
      - vi. Monitoring of contacts and any other quarantined persons
- C. This catapults Indiana from table 2, 3, or 4 to Table 5 with no time to implement strategies in the intervening tables.
1. All actions in intervening tables and in table 5 will have to be implemented immediately upon recognition of pandemic cases in Indiana or an adjacent state

## II. Situation – Pandemic starts in North America, and the earliest cases in the United States are in Indiana or an adjacent state

- C. This catapults Indiana from table 1 (USG Stage: 0, CDC Interval: Investigation) to Table 5 with no time to implement tables 2, 3, and 4.
1. All actions in tables 2, 3, 4, and 5 will have to be implemented immediately upon recognition of pandemic cases in Indiana or an adjacent state.
  2. It takes time after the start of a pandemic to determine its severity. Therefore, the severity of the pandemic may not be immediately known at the time the actions in tables 2, 3, 4, and 5 are implemented.
    - a. If the pandemic severity has not been determined, it will be necessary to proceed as if the PSI is 5, until a severity determination is made.
- D. Disease containment strategy
1. The Federal Government has a strategy for containment of the earliest cases of pandemic influenza to occur in the United States<sup>1</sup>.
    - a. Intended to delay spread of disease and afford my time for preparation and for vaccine manufacture
    - b. The Indiana State Department of Health will participate in this strategy and is expected to participate in the following activities as outlined in the Federal guidance<sup>2,3</sup>.
      - i. Surveillance

<sup>1</sup> National Strategy for Pandemic Influenza Implementation Plan, Homeland Security Council, May 2006, Chapter 3, Stage 4, pp 39-41. Available at [www.pandemicflu.gov/plan/federal/pandemic-influenza-implementation.pdf](http://www.pandemicflu.gov/plan/federal/pandemic-influenza-implementation.pdf)

<sup>2</sup> HHS Pandemic Influenza Plan Supplement 8 Community Disease Control and Prevention, Chapter 3, Sections B and C. Available at <http://www.hhs.gov/pandemicflu/plan/sup8.html#III.B>

<sup>3</sup> HHS Pandemic Influenza Plan Supplement 7 Antiviral Drug Distribution and Use, Chapter 4, Sections A and B; and Box1. Available at <http://www.hhs.gov/pandemicflu/plan/sup7.html#8>

- ii. Case investigation
- iii. Contact investigation
- iv. Quarantine
- v. Administration of prophylactic antivirals as provided from a special federal stockpile
- vi. Monitoring of contacts and any other quarantined persons

INDIANA STATE DEPARTMENT OF HEALTH

# Pandemic Flu Continuity of Operations Plan

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July 2009

## AGENCY ESSENTIAL FUNCTIONS Essential Staff

The following executive staff positions have been determined to be essential during the first ninety-six hours of onset of a pandemic affecting the citizens of the State of Indiana. These individuals were selected because of their responsibility for managing “life saving” resources or infrastructure. Based on the analysis of the situation, the individuals listed below can call in additional resources as needed.

All individuals on this list have virtual private network accounts with the state and can work from outside the office.

State Health Commissioner
Deputy State Health Commissioner
Assistant Commissioner, Laboratory Services
Director of Microbiology Laboratory and Select Agent Responsible Officer
Director, Chemistry
Director of Public Health Emergency Preparedness
Epidemiology Resource Director
Medical Director
Immunization Director
Assistant Commissioner, Health and Human Services
Assistant Commissioner, Chief Financial Officer
Director of Finance
Director of Public Affairs
Director of Office of Legal Affairs
Director of Administrative Services
Assistant Commissioner, Health Care Quality and Regulatory Services
Director of Technology Compliance
Administrative Assistant – support personnel
Administrative Assistant – support personnel

# State of Indiana Telework

## Telework Policy

**PURPOSE:** To provide guidelines for the operation of telework programs that benefit the environment by reducing the amount of commuter miles driven by State employees, thereby reducing the use of nonrenewable fuels, traffic congestion and ozone causing emissions from commuter automobiles.

**SCOPE:** This policy applies to merit and non-merit employees subject to the authority of the Governor, except employees of the State Police Department.

**DEFINITIONS:** Telework: Engaging in the principal activities which the individual is employed to perform via modem or Internet link from somewhere other than the employee's established work station.

### **STATEMENT OF POLICY:**

1. The State will compensate an employee engaged in telework during an employee's scheduled hours of work. Any work performed outside an employee's regular schedule must be pre-approved.
2. Agencies desiring to utilize telework programs must develop a written telework policy and secure approval of the program from the State Personnel Director.
3. Telework policies must require that participants report to the established work station a minimum of two days per workweek. All telework programs must have established work schedules and maximize efficiency and economy for the State.
4. Permanent full-time and part-time employees are eligible to telework. Supervisors and managers must have up-to-date position descriptions and performance appraisal reports completed on all employees to be eligible for telework. An appointing authority may require additional criteria for participation. Participation is subject to approval by the State Personnel Director.
5. A telework participant must sign a written telework agreement. The telework agreement must itemize what office supplies the State will provide for use in performing the principal work activity. Participants are liable for Internet access fees. All business expenses must be submitted in accordance with State reimbursement policies.
6. Management may terminate participation at any time.
7. Appointing authorities are required to submit an annual report to the State Personnel Department, which includes the name of participants, number of telework hours

compensated, the employees' performance reports and an accounting of the commuter miles avoided.

**REFERENCES:**

IC 4-15-2-29

31 IAC 2-11-1

31 IAC 1-9-1

AFSCME Settlement Articles 15 and 48

UNITY TEAM Settlement Articles 9 and 14

Hours of Work Policy

Alternative Work Schedule Policy

Financial Management Circular on Travel

**EFFECTIVE DATE:** March 13, 2000

**APPROVAL:** State Personnel Director

*An official signed copy of the policy is available from the State Personnel office.*

# AGENCY ESSENTIAL FUNCTIONS

HR. A-1 (3-06)

<p><b><u>TASK A. List All Agency Functions</u></b></p> <ol style="list-style-type: none"> <li>1. Examine agency legislative and regulatory mission.</li> <li>2. Review existing SOPs and EOPs.</li> <li>3. Talk to experts and former employees familiar with the agency.</li> <li>4. In the first column of the table below, list all agency functions identified.</li> </ol>	<p><b><u>TASK B. Identify Essential Functions</u></b></p> <ol style="list-style-type: none"> <li>1. Re-examine agency mission.</li> <li>2. Examine the services the agency provides to other agencies and the public.</li> <li>3. Identify supporting critical processes and services in Column 2.</li> <li>4. Indicate in Column 3 which functions are "essential" after considering their relationship to the agency mission and their supporting critical processes and services.</li> </ol>
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*The first two rows provide examples of essential and non-essential functions.*

<b>All Functions</b>	<b>Supporting Critical Processes &amp; Services</b>	<b>Essential Function</b>	
		<b>Yes</b>	<b>No</b>
<i>New Employee Orientation</i>	<i>Policy Acknowledgements</i>	X	
	<i>HIPAA video</i>	X	
	<i>Payroll Paperwork</i>	X	
	<i>Benefits Paperwork</i>	X	
	<i>Proxy Card</i>		
<i>Posting Job Requisitions</i>	<i>Entry into PeopleSoft</i>	X	
	<i>Authorization</i>	X	
<i>Intent to Hire</i>	<i>Job Offers</i>	X	
<i>PeopleSoft Employment Data Entry</i>	<i>New Hires</i>	X	
	<i>Transfers</i>	X	
	<i>Promotions</i>	X	
	<i>Demotions</i>	X	
	<i>Terminations</i>	X	
	<i>FMLA</i>	X	
	<i>STD</i>	X	
	<i>LTD</i>	X	
<i>Background Checks</i>	<i>Sex Offender Registry</i>	X	
	<i>State Criminal History Check</i>	X	
	<i>Motor Vehicle Check</i>	X	
	<i>Professional License Verification</i>	X	
	<i>Tax Payment Check</i>	X	



<p><i>Investigate and respond to merit complaints.</i></p>	<p><i>Ascertain facts from appropriate parties to ensure investigations are thorough and conducted within the specified time frame.</i></p> <p><i>The complaint procedure shall be initiated as soon as possible after the occurrence of the act or condition complained of and in no event shall be initiated more than thirty (30) days after the employee is notified of a change in the status of employment or after an unsatisfactory condition of employment is created according to the laws of the Indiana Code 4-15-2-35 for complaint procedures.</i></p>	<p>X</p>	
<p><i>Investigate and review complaints of discrimination and harassment.</i></p>	<p><i>Ensure all allegations are reported to SPD immediately. Prepare recommended disciplinary action and submit the entire report and findings to SPD for review with the course of action to be taken.</i></p> <p><i>The State encourages a prompt reporting of complaints so that rapid response and appropriate action may be taken according to the Civil Rights Act of 1964 for complaints of harassment.</i></p>	<p>X</p>	
<p><i>Processing payroll</i></p>	<p><i>Paying employees</i></p>	<p>X</p>	
	<p><i>Recording Time</i></p>	<p>X</p>	
	<p><i>Reporting the same to the Auditor &amp; State Personnel</i></p>	<p>X</p>	
<p><i>Managing Benefits</i></p>	<p><i>Worker's Comp</i></p>	<p>X</p>	
	<p><i>Insurance</i></p>	<p>X</p>	
	<p><i>FML</i></p>	<p>X</p>	
	<p><i>STD/LTD</i></p>	<p>X</p>	

## PRIORITY OF ESSENTIAL FUNCTIONS

Human Resources, A-3

- Using the information in the Agency Functions, Functions Questionnaire, Resource Requirements and Priority of Critical Process Worksheet, prioritize *essential functions*. In Column 1, list all essential functions. Next, consider the RTO's Resumption Time Objective -following a disruption, time at which function must be accomplished to avoid severe consequences and RPO's (Recovery Point Objective - (Normally associated with IT functions) The amount of data that can be lost measured by a time index. Example: An RPO of one hour means that the last hour of data before failure will not be recovered.) for the supporting processes and services and estimate the RTO or RPO for the essential function. Indicate the RTO / RPO for each essential function in Column 2. After determining the RTO / RPO for each essential function, assign a priority number in Column 3, giving lower numbers to those functions with the shorter RTOs or RPOs and / or upon which other functions depend.

Essential Function	RTO / RPO	Priority
Investigate and review complaints of discrimination and harassment		One
Investigate and respond to merit complaints		Two
Serve as the emergency weather contact person for ISDH		Three
Paying employees	On a bi-weekly basis	Two
Assisting injured employees	Within 24 hours	one

## ESSENTIAL OPERATIONS AND KEY POSITIONS

HR, B-1, (3-06)

With the information gathered in the six (Authority To Be Delegated Worksheet; Delegation Of Authority: Rules, Procedures and Limitations Worksheet; Current Organization Chart Worksheet; Consequences Resulting From A Past Or Existing Vacancy Worksheet; Key Positions By Questioning Worksheet; and Key Positions By Historical Evidence Worksheet) worksheets, identify key positions for each essential function in the agency. The first row provides an example.

<b>Essential Operations</b>	<b>Key Positions</b>
Compensation/Benefits	1. Director
	2. Compensation/Benefits Manager
	3. Benefits Coordinator
	4. Payroll Clerk
Employment Program	1. Manager of Employment and Organizational Development
	2. Recruitment Specialists
	3. Personnel Assistant
Employee Relations	1. Director
	2. Employee Relations Manager
	3. Employee Relations Specialist

## KEY POSITIONS BY QUESTIONING

Human Resources, C-1

For this task, ask agency personnel about their positions and management what they regard as key positions within the agency. Complete the table, identifying the positions (preferably not individuals) that are critical to agency operations and the problems the agency may face if the position was vacant.

Position	Problems Faced If Vacant
Recruitment Specialists	Workforce issues could not be addressed.
Personnel Assistant	Critical information will not be entered into appropriate databases.
Account Clerks	Workforce couldn't be paid.
Benefits Coordinator	Employee injuries need to be addressed.
Employee Relations Manager & Employee Relations Manager	Based on the 1988 Supreme Court decisions employers are responsible for both statutory violations and the intentional torts of their supervisors because supervisors are aided in such misconduct by the authority that the employers assign to them. Any time tangible employment detriment occurs as a result of harassment, the employer is liable. Tangible employment detriments can include firing, failure to promote, demotion and undesirable reassignment, a decision causing a significant change in benefits, compensation decisions and work assignments creating a hostile work environment, which require investigations.

**AUTHORITY DELEGATION**  
Human Resources, D-1(3-06)

In this task, using the sample lines as a model, identify and describe the authority, and list those conditions that will trigger delegation of authority.

Authority	Position Holding Authority	Triggering Conditions
Authorize Hires	HR Director; Deputy State Health Commissioner	When the HR Director and Deputy State Health Commissioner are not available
Makes offers of Employment	Recruitment Specialists	When the Recruitment Specialists are not available
Investigate Harassment Complaints	Employee Relations Manager & Specialist	When harassment & discrimination occur in the workplace resulting in complaints requiring investigation.
Investigate Merit Complaints	Employee Relations Manager & Specialist	When complaints that affect an employee's status of employment involuntarily change due to unsatisfactory conditions of employment.
Emergency Weather Conditions	Employee Relations Manager	When there are emergency weather conditions resulting in closings.
Assisting employees with Worker's Comp, Insurance, FML, etc.	Benefits Coordinator	When the Benefits Coordinator is not available
Processing Payroll	Compensation/Benefits Manager	When the Payroll clerk is not available

## ORDER OF SUCCESSION

HR, E-1

Complete a worksheet for each essential function. In the first column below, list the key positions identified in the Worksheet, Essential Functions and Key Positions. Then in the remaining columns, list the positions that would assume the authority of the key position if it became vacant unexpectedly, i.e., illness, injury, special assignment, termination of employment, etc. Consider the qualifications necessary to perform in the key position and the qualifications of the successor positions, as well as organizational and geographical proximity. The same successors may be named for different key positions, but avoid designating the same position / person as the first successor to several key positions.

**ESSENTIAL FUNCTION:** New Employee Orientation

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Organizational Development Specialist	Manager of Employment & Organizational Development	Recruitment Specialist	Recruitment Specialist	Personnel Assistant

**ESSENTIAL FUNCTION:** Job Requisition Posting

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Recruitment Specialist	Manager of Employment & Organizational Development	Personnel Assistant	Organizational Development Specialist	

**ESSENTIAL FUNCTION:** Intent to Hire

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Recruitment Specialist	Manager of Employment & Organizational Development	HR Director	Deputy State Health Commissioner	

**ESSENTIAL FUNCTION:** PeopleSoft Employment Data Entry

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Personnel Assistant	Manager of Employment & Organizational Development			

**ESSENTIAL FUNCTION:** Background Checks

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Recruitment Specialist	Manager of Employment & Organizational Development	Personnel Assistant	Organizational Development Specialist	

**ESSENTIAL FUNCTION:** Investigate & respond to merit complaints

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Employee Relations Specialist	Employee Relations Manager	HR Director		



**ESSENTIAL FUNCTION:** Investigate & review complaints of discrimination & harassment

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Employee Relations Specialist	Employee Relations Manager	HR Director		

**ESSENTIAL FUNCTION:** Pay any employee who reports to work

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Payroll Clerk	Compensation/Benefits Manager	Benefits Coordinator	HR Director	

Human Resources, H-1

Complete a separate worksheet for each essential function. Begin by listing critical processes and services that support that function in the first column. Next, determine the personnel needed to perform that service; and in the last column, list all records, equipment, and systems needed to make that essential function operable.

<b>ESSENTIAL FUNCTION:</b>			
<b>Critical Processes / Resources</b>	<b>Personnel</b>	<b>Records</b>	<b>Equipment and Systems</b>
<i>Recording Time</i>	Employees record the time and ATAS administrator provides the production support	Employee's A4 / electronic	Automated Time and Activity system(ATAS) should be operable. 1. Workstation with intranet access 2. Oracle database (dw11) 3. Oracle application server (app06) Coldfusion application server(apps1)
<i>Reporting the same to the Auditor &amp; State Personnel</i>	Payroll clerk reports payroll to auditor's office and ATAS administrator provides the production support	Employee's time / Diskette	Automated Time and Activity system(ATAS) should be operable. 1. Workstation with intranet access 2. Oracle database (dw11) 3. Oracle application server (app06) Coldfusion application server(apps1)

Human Resources, H-1

ESSENTIAL FUNCTION:		Managing Benefits		
Critical Processes / Resources	Personnel	Records	Equipment and Systems	
<i>Worker's Comp</i>	Employees record workers comp and ATAS administrator provides the production support	electronic	Automated Time and Activity system(ATAS) should be operable. 1. Workstation with intranet access 2. Oracle database (dw11) 3. Oracle application server (app06) 4. Coldfusion application server(apps1)	
<i>FML</i>	Employees record FML and ATAS administrator provides the production support	electronic	Automated Time and Activity system(ATAS) should be operable. 1. Workstation with intranet access 2. Oracle database (dw11) 3. Oracle application server (app06) 4. Coldfusion application server(apps1)	

STD/LTD	Employees record STD/LTD and ATAS administrator provides the production support	electronic	Automated Time and Activity system(ATAS) should be operable. 1. Workstation with intranet access 2. Oracle database (dw11) 3. Oracle application server (app06) Coldfusion application server(apps1)
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Human Resources, H-1

<b>ESSENTIAL FUNCTION:</b>		<i>New Employee Orientation</i>	
Prox Card	<b>Critical Processes / Resources</b>	<b>Personnel</b>	<b>Records</b>
	Used by Hr staff (Roberta Denman, Renee Dreyer) and PhotoID administrator provides the production support	electronic	<b>Equipment and Systems</b> PhotoID and IVS500 system should be operable. Workstation and network access.

## REQUIREMENTS FOR ALTERNATE FACILITY

HR

I-1

For this task, identify the requirements for the alternate work site by essential function. Requirements include Number of personnel, special needs, IT requirements, power, communication, and floor space. The examples given in the following table is a general guide for the type of information that should be provided.

Essential Function	# Personnel	Special Needs	IT Requirements Hardware	Power	Communication	Space Req. sq. ft.
Employment	4 Employees	Laserjet printer to be shared by all essential staff	3 computers, 3 LAN Connections Access to PS Access to Visio Access to H Drive 1 lockable 4 drawer file cabinet	110	3 phones, long distance	300

Benefits/Compensation	4 Employees	See above	3 computers, 3 LAN Connections Access to PS Access to the Auditors System Access to the H Drive 12x15 fireproof safe 1 lockable 4-drawer file cabinet	110	3 phones, long distance	300
Employee Relations/Training	4 Employees	See above	4 computers, LAN Connections Lap top Projector Access to PS 1 lockable 4-drawer file cabinet	110	4 phones, long distance	400

**REQUIREMENTS FOR ALTERNATE FACILITY**  
**I-1**  
**HR Data Support**

For this task, identify the requirements for the alternate work site by essential function. Requirements include Number of personnel, special needs, IT requirements, power, communication, and floor space. The examples given in the following table is a general guide for the type of information that should be provided.

<b>Essential Function</b>	<b># Personnel</b>	<b>Special Needs</b>	<b>IT Requirements Hardware</b>	<b>Power</b>	<b>Communication</b>	<b>Space Req. sq. ft.</b>
ATAS	Prameela Penumatcha	VPN	PC/Laptop	110 v	Long distance phone	7'x7' workspace
ATAS	Sharada Hiremath	VPN	PC/Laptop	110 v	Long distance phone	7'x7' workspace

## AGENCY ESSENTIAL FUNCTIONS

### Acute Care, A-1

<p><b><u>TASK A. List All Agency Functions</u></b></p> <p>Examine agency legislative and regulatory mission.          Review existing SOPs and EOPs.          Talk to experts and former employees familiar with the agency.          In the first column of the table below, list all agency functions identified.</p>	<p><b><u>TASK B. Identify Essential Functions</u></b></p> <p>Re-examine agency mission.          Examine the services the agency provides to other agencies and the public.          Identify supporting critical processes and services in Column 2.          Indicate in Column 3 which functions are “essential” after considering their relationship to the agency mission and their supporting critical processes and services.</p>
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All Functions	Supporting Critical Processes & Services	Essential Function	
		Yes	No
<b>HEALTH CARE REGULATORY SERVICES COMMISSION</b>			
DIVISION OF ACUTE CARE			
Licensing and certification surveys of acute care and long-term care health care facilities	Supporting services include Information Technology Services (computer network and support), and Building Services (supplies, mail, phone, and fax). Specific supporting computer-based systems include QAMIS and QIES. Supporting partners include the Office of Legal Affairs and the Centers for Medicare and Medicaid Services (CMS).	X	



All Functions	Supporting Critical Processes & Services	Essential Function	
		Yes	No
Maintain the Home Health Aide Registry	Supporting services include Information Technology Services (computer network and support), and Building Services (supplies, mail, phone, and fax). Specific supporting computer-based systems include the Home Health (Nurse) Aide Registry maintained in License 2000 by the Indiana Professional Licensing Agency. Supporting partners include the Office of Legal Affairs and the Centers for Medicare and Medicaid Services (CMS).	X	
Complaint investigation surveys of acute care and long-term care health care facilities	Supporting services include Information Technology Services (computer network and support), and Building Services (supplies, mail, phone, and fax). Specific supporting computer-based systems include QAMIS and QIES. Supporting partners include the Office of Legal Affairs, Professional Licensing Agency, and the Centers for Medicare and Medicaid Services (CMS).	X	

All Functions	Supporting Critical Processes & Services	Essential Function	
		Yes	No
Enforcement of health care rules and regulations	Supporting services include Information Technology Services (computer network and support), and Building Services (supplies, mail, phone, and fax). Specific supporting computer-based systems include QAMIS and QIES. Supporting partners include the Office of Legal Affairs, Professional Licensing Agency, and the Centers for Medicare and Medicaid Services (CMS).	X	
Disaster assistance	Supporting services include Information Technology Services (computer network and support), and Building Services (supplies, mail, phone, and fax). Specific supporting computer-based systems include QAMIS and QIES. Supporting partners include Public Health Preparedness and Emergency Response, the Office of Legal Affairs, Professional Licensing Agency, and the Centers for Medicare and Medicaid Services (CMS).	X	

## PRIORITY OF ESSENTIAL FUNCTIONS

Acute Care, A-3

2. Using the information in the Agency Functions, Functions Questionnaire, Resource Requirements and Priority of Critical Process Worksheet, prioritize *essential functions*. In Column 1, list all essential functions. Next, consider the RTO's Resumption Time Objective -following a disruption, time at which function must be accomplished to avoid severe consequences and RPO's (Recovery Point Objective - (Normally associated with IT functions) The amount of data that can be lost measured by a time index. Example: An RPO of one hour means that the last hour of data before failure will not be recovered.) for the supporting processes and services and estimate the RTO or RPO for the essential function. Indicate the RTO / RPO for each essential function in Column 2. After determining the RTO / RPO for each essential function, assign a priority number in Column 3, giving lower numbers to those functions with the shorter RTOs or RPOs and / or upon which other functions depend.

Essential Function	RTO / RPO	Priority
Acute Care – Licensing and Certification Surveys	4 hours / 1 hour	1
Acute Care – Maintain the Home Health Aide Registry	720 hours / 2 hours	5
Acute Care – Complaint Investigation Surveys	4 hours / 1 hour	1
Acute Care – Enforcement of Rules	6 hours / na	2
Acute Care – Disaster Assistance	72 hours / na	4

**ESSENTIAL OPERATIONS AND KEY POSITIONS**  
Acute Care, B-1

With the information gathered in the six (Authority To Be Delegated Worksheet; Delegation Of Authority: Rules, Procedures and Limitations Worksheet; Current Organization Chart Worksheet; Consequences Resulting From A Past Or Existing Vacancy Worksheet; Key Positions By Questioning Worksheet; and Key Positions By Historical Evidence Worksheet) worksheets, identify key positions for each essential function in the agency. The first row provides an example.

<b>Essential Operations</b>	<b>Key Positions</b>
Licensing and certification surveys of acute care facilities	Director of Acute Care Public Health Nurse Surveyor Supervisor 5 Secretary 2
Home health aide registry program	Director of Acute Care Public Health Nurse Surveyor Supervisor 5 Program Coordinator 3 Secretary 3
Complaint investigation surveys of acute care and long-term care facilities	Director of Acute Care Public Health Nurse Surveyor Supervisor 5 3 Public Health Nurse Surveyor 3's 2 Medical Surveyor 3's
Enforcement of acute care rules and regulations	Director of Acute Care Public Health Nurse Surveyor Supervisor 5
Acute care disaster assistance	Director of Acute Care Public Health Nurse Surveyor Supervisor 5 4 Medical Surveyor 3's 7 Public Health Nurse Surveyor 3's

## KEY POSITIONS BY QUESTIONING

Acute Care, C-1

For this task, ask agency personnel about their positions and management what they regard as key positions within the agency. Complete the table, identifying the positions (preferably not individuals) that are critical to agency operations and the problems the agency may face if the position was vacant.

Position	Problems Faced If Vacant
Director of Acute Care	Acute Care supervision and oversight missing. Additional responsibility for Assistant Commissioner
Public Health Nurse Surveyor Supervisor 5 & Medical Surveyor Supervisor 5	Licensing, certification, and complaint surveys would lack direct oversight and supervision.
Program Coordinator 3	Home Health Licensure/Certification would not be provided.
Medical Surveyor 3	Acute and Long-Term Care surveys would be short handed to perform surveys. No QA personnel to process surveys.
Public Health Nurse Surveyor 3	Long-Term Care surveys and Complaint surveys for Long-Term Care and Acute Care would be short handed to perform surveys.
Administrative Assistant	Support for licensing and certification programs for Acute Care would be lacking.
Secretary 3	Support for licensure and certification programs would be lacking.
Application Systems Analyst Programmer	Maintenance and ongoing operations of computer systems would not be done
Program Director E7	Oversight of system maintenance, data entry, and use of QIES and QAMIS would not be done

## AUTHORITY DELEGATION

### Acute Care, D-1

In this task, using the sample lines as a model, identify and describe the authority, and list those conditions that will trigger delegation of authority.

Authority	Position Holding Authority	Triggering Conditions
Approval of ATAS	Director of the Acute Care Division	When the Acute Care Division Director is not available
Development of office policies	Director of the Acute Care Division	When the Acute Care Division Director is not available
Approval of requisitions & vouchers	Director of the Acute Care Division	When the Acute Care Division Director is not available
Approval of contracts	Director of the Acute Care Division	When the Acute Care Division Director is not available
Disciplining of staff	Program Managers	When the Manager of the program at issue is not available
Redirecting staff to assist in disaster-ravaged areas	Director of the Acute Care Division	When the Acute Care Division Director is not available
Approval of hiring	Director of the Acute Care Division	When the Acute Care Division Director is not available
Issuance of program guidance, directives, or interpretations to staff, and to regulated entities	Director of the Acute Care Division	When the Acute Care Division Director is not available
Authoring proposed IHAN alerts	Director of the Acute Care Division	When the Acute Care Division Director is not available
Issuance of permits, licenses, certifications, etc.	Program Managers	When the Manager of the program at issue is not available
Issuance of orders for correction	Program Managers	When the Manager of the program at issue is not available
Waiving payment of fees, for good cause	Program Managers	When the Manager of the program at issue is not available
Issuance of inspection reports	Program Managers	When the Manager of the program at issue is not available
Issuance of letters of correction involving review of construction design drawings	Program Managers	When the Manager of the program at issue is not available
Directing complaint investigations	Program Managers	When the Manager of the program at issue is not available
Issuance of waivers from hospital design or operational requirements	Director of the Division of Acute Care	When the Director of the Division of Acute Care is not available

## ORDER OF SUCCESSION

Acute Care, E-1

Complete a worksheet for each essential function. In the first column below, list the key positions identified in the Worksheet, Essential Functions and Key Positions. Then in the remaining columns, list the positions that would assume the authority of the key position if it became vacant unexpectedly, i.e., illness, injury, special assignment, termination of employment, etc. Consider the qualifications necessary to perform in the key position and the qualifications of the successor positions, as well as organizational and geographical proximity. The same successors may be named for different key positions, but avoid designating the same position / person as the first successor to several key positions.

**ESSENTIAL FUNCTION:** Acute Care - Licensing and certification surveys

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Director of Acute Care	Public Health Nurse Surveyor Supervisor 5	Medical Surveyor 3 assigned to the area	Public Health Nurse Surveyor 3 assigned to the area	

**ESSENTIAL FUNCTION:** Acute Care – Maintain the home health aide registry program

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Director of Acute Care	Public Health Nurse Surveyor Supervisor 5	Program Coordinator 3	Secretary 3	

**ESSENTIAL FUNCTION:** Acute Care - Complaint investigation surveys of acute care and long-term care facilities

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Director of Acute Care	Public Health Nurse Surveyor Supervisor 5	Public Health Nurse Surveyor 3	Medical Surveyor 3	

**ESSENTIAL FUNCTION:** Acute Care - Enforcement of rules and regulations

<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Successor 4</b>
Director of Acute Care	Public Health Nurse Surveyor Supervisor 5* multiple people could assume this role based on their classification			

**Depth – have multiple PHN Surveyor Supervisor 5s**

**ESSENTIAL FUNCTION:** Acute Care - Disaster assistance

<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Successor 4</b>
Director of Acute Care	Public Health Nurse Surveyor Supervisor 5	Field Medical Surveyor 3 assigned to the area	Field Public Health Nurse Surveyor 3 assigned to the area	Field Medical Surveyor 3 assigned to the adjoining area



Acute Care, H-1

Complete a separate worksheet for each essential function. Begin by listing critical processes and services that support that function in the first column. Next, determine the personnel needed to perform that service; and in the last column, list all records, equipment, and systems needed to make that essential function operable.

**ESSENTIAL FUNCTION:** Acute Care – Licensing & Certification Surveys

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Computer network and support	Indiana Office of Technology (IOT) and Information Technology Services		Computer and network
Office supplies, mail, phone, and fax	Building Services		Computer, phone, e-mail
Supporting computer based system – QAMIS	IOT and Information Technology Services	QAMIS	Computer and network
Supporting computer based system – QIES (ASPEN, MDS, OASIS, & ODIE/OSCAR)	Information Technology Services	QIES	Computer and network
Office of Legal Affairs	Attorney E7		Computer, phone, e-mail
Professional Licensing Agency		Licensing database maintained by PLA	Computer, phone, e-mail
Centers for Medicare and Medicaid Services (CMS)		Data maintained by CMS about certification of facilities	Computer, phone, e-mail

**ESSENTIAL FUNCTION:** Acute Care – Maintain the Home Health Aide Registry

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Computer network and support	Indiana Office of Technology (IOT) and Information Technology Services		Computer and network
Office supplies, mail, phone, and fax	Building Services		Computer, phone, e-mail
Supporting computer based system – QAMIS	IOT and Information Technology Services	QAMIS	Computer and network
Supporting computer based system – QIES (ASPEN, MDS, OASIS, & ODIE/OSCAR)	Information Technology Services	QIES	Computer and network
Supporting web-based system (License 2000) - Home Health (Nurse) Aide Registry	Information Technology Services	Home Health (Nurse) Aide Registry	Computer and network
Office of Legal Affairs	Attorney E7		Computer, phone, e-mail

**ESSENTIAL FUNCTION:** Acute Care – Complaint investigation surveys

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Computer network and support	Indiana Office of Technology (IOT) and Information Technology Services		Computer and network
Supplies, mail, phone, and fax	Building Services		Computer, phone, e-mail
Supporting computer based system – QAMIS	IOT, Information Technology Services, Health Care Data Services / LTC	QAMIS	Computer and network
Supporting computer based system – QIES (ASPEN, MDS, OASIS, & ODIE/OSCAR)	Information Technology Services	QIES/ASPEN	Computer and network
Professional Licensing Agency		Licensing database maintained by PLA	Computer, phone, e-mail
Centers for Medicare and Medicaid Services (CMS)		Data maintained by CMS about certification of facilities	Computer, phone, e-mail
Office of Legal Affairs	Attorney E7		Computer, phone, e-mail

**ESSENTIAL FUNCTION:****Acute Care – Enforcement of Health Care Rules**

<b>Critical Processes / Resources</b>	<b>Personnel</b>	<b>Records</b>	<b>Equipment and Systems</b>
Computer network and support	Indiana Office of Technology (IOT) and Information Technology Services		Computer and network
Office supplies, mail, phone, and fax	Building Services		Computer, phone, e-mail
Supporting computer based system – QAMIS	IOT and Information Technology Services	QAMIS	Computer and network
Supporting computer based system – QIES (ASPEN, MDS, OASIS, & ODIE/OSCAR)	Information Technology Services	QIES	Computer and network
Professional Licensing Agency		Licensing database maintained by PLA	Computer, phone, e-mail
Centers for Medicare and Medicaid Services (CMS)		Data maintained by CMS about certification of facilities	Computer, phone, e-mail
Office of Legal Affairs	Attorney E7		Computer, phone, e-mail

**ESSENTIAL FUNCTION:** Acute Care – Disaster Assistance

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Computer network and support	Indiana Office of Technology (IOT) and Information Technology Services		Computer and network
Supplies, mail, phone, and fax	Building Services		Computer, phone, e-mail
Supporting computer based system – QAMIS	IOT and Information Technology Services	QAMIS	Computer and network
Supporting computer based system – QIES (ASPEN MDS, OASIS, & ODIE/OSCAR)	Information Technology Services	QIES/ASPEN	Computer and network
Professional Licensing Agency		Licensing database maintained by PLA	Computer, phone, e-mail
Centers for Medicare and Medicaid Services (CMS)		Data maintained by CMS about certification of facilities	Computer, phone, e-mail
Office of Legal Affairs	Attorney E7		Computer, phone, e-mail
Public Health Preparedness and Emergency Response			Computer, phone, e-mail

## REQUIREMENTS FOR ALTERNATE FACILITY I-1

### Acute Care

For this task, identify the requirements for the alternate work site by essential function. Requirements include Number of personnel, special needs, IT requirements, power, communication, and floor space. The examples given in the following table is a general guide for the type of information that should be provided.

Essential Function	# Personnel	Special Needs	IT Requirements Hardware	Power	Communication	Space Req. sq. ft.
Licensing & Certification Surveys	1 (total for all of Acute Care essential functions)	Laserjet printer with high capacity Access to photocopy machine (total for all of Acute Care essential functions)	1 laptop computers and 1 LAN connection (total for all of Acute Care essential functions)	110	1 cell Phone, long distance (total for all of Acute Care essential functions)	100 (total for all of Acute Care essential functions)

## AGENCY ESSENTIAL FUNCTIONS

### Long-Term Care, A-1

<p><b><u>TASK A. List All Agency Functions</u></b></p> <p>Examine agency legislative and regulatory mission.          Review existing SOPs and EOPs.          Talk to experts and former employees familiar with the agency.          In the first column of the table below, list all agency functions identified.</p>	<p><b><u>TASK B. Identify Essential Functions</u></b></p> <p>Re-examine agency mission.          Examine the services the agency provides to other agencies and the public.          Identify supporting critical processes and services in Column 2.          Indicate in Column 3 which functions are "essential" after considering their relationship to the agency mission and their supporting critical processes and services.</p>
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All Functions	Supporting Critical Processes & Services	Essential Function	
		Yes	No
<b>HEALTH CARE REGULATORY SERVICES COMMISSION</b>			
DIVISION OF LONG-TERM CARE			
Licensing and certification surveys of long-term care facilities	Supporting services include Information Technology Services (computer network and support) and Building Services (supplies, mail, phone, and fax). Specific supporting computer-based systems include QAMIS and QIES. Supporting partners include the ISDH Office of Legal Affairs, Indiana Professional Licensing Agency, and the federal Centers for Medicare and Medicaid Services (CMS).	X	

All Functions	Supporting Critical Processes & Services	Essential Function	
		Yes	No
Maintaining the Nurse Aide Registry and Qualified Medication Aide Program	Supporting services include Information Technology Services (computer network and support) and Building Services (supplies, mail, phone, and fax). Specific supporting computer-based systems include the Nurse Aide Registry, and License 2000. Supporting partners include the Office of Legal Affairs, Indiana Professional Licensing Agency and the Centers for Medicare and Medicaid Services (CMS).	X	
Complaint investigation surveys of acute care and long-term care health care facilities	Supporting services include Information Technology Services (computer network and support) and Building Services (supplies, mail, phone, and fax). Specific supporting computer-based systems include QAMIS and QIES. Supporting partners include the Office of Legal Affairs, Professional Licensing Agency, and the Centers for Medicare and Medicaid Services (CMS).	X	
Enforcement of health care rules and regulations	Supporting services include Information Technology Services (computer network and support) and Building Services (supplies, mail, phone, and fax). Specific supporting computer-based systems include QAMIS and QIES. Supporting partners include the Office of Legal Affairs, Professional Licensing Agency, and the Centers for Medicare and Medicaid Services (CMS).	X	



All Functions	Supporting Critical Processes & Services	Essential Function	
		Yes	No
Consultant and monitor placement	Supporting services include Information Technology Services (computer network and support) and Building Services (supplies, mail, phone, and fax). Specific supporting computer-based systems include QAMIS and QIES. Supporting partners include the Office of Legal Affairs.	X	
Disaster assistance	Supporting services include Information Technology Services (computer network and support) and Building Services (supplies, mail, phone, and fax). Specific supporting computer-based systems include QAMIS and QIES. Supporting partners include Public Health Preparedness and Emergency Response Division, the Office of Legal Affairs, Professional Licensing Agency, and the Centers for Medicare and Medicaid Services (CMS).	X	

**PRIORITY OF ESSENTIAL FUNCTIONS**  
Long-Term Care, A-3

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3. Using the information in the Agency Functions, Functions Questionnaire, Resource Requirements and Priority of Critical Process Worksheet, prioritize *essential functions*. In Column 1, list all essential functions. Next, consider the RTO's Resumption Time Objective -following a disruption, time at which function must be accomplished to avoid severe consequences and RPO's (Recovery Point Objective - (Normally associated with IT functions) The amount of data that can be lost measured by a time index. Example: An RPO of one hour means that the last hour of data before failure will not be recovered.) for the supporting processes and services and estimate the RTO or RPO for the essential function. Indicate the RTO / RPO for each essential function in Column 2. After determining the RTO / RPO for each essential function, assign a priority number in Column 3, giving lower numbers to those functions with the shorter RTOs or RPOs and / or upon which other functions depend.

Essential Function	RTO / RPO	Priority
Long-Term Care – Licensing and Certification Surveys	4 hours/1 hour	1
Long-Term Care – Maintain Nurse Aide Registry and QMA Program	720 hours/2 hours	5
Long-Term Care – Complaint Investigation Surveys	4 hours/1 hour	1
Long-Term Care – Enforcement of Rules	6 hours/na	2
Long-Term Care – Consultant and Monitor Placement	48 hours/12 hours	3
Long-Term Care – Disaster Assistance	4 hours/1 hour	4

**ESSENTIAL OPERATIONS AND KEY POSITIONS**  
Long-Term Care, B-1

With the information gathered in the six (Authority To Be Delegated Worksheet; Delegation Of Authority: Rules, Procedures and Limitations Worksheet; Current Organization Chart Worksheet; Consequences Resulting From A Past Or Existing Vacancy Worksheet; Key Positions By Questioning Worksheet; and Key Positions By Historical Evidence Worksheet) worksheets, identify key positions for each essential function in the agency. The first row provides an example.

<b>Essential Operations</b>	<b>Key Positions</b>
Licensing and certification surveys of long-term care facilities	Director of Long-Term Care Attorney E4 6 Public Health Nurse Surveyor Supervisor 5's – LTC 3 Survey Supervisor 5's – LSC & ICF/MRDD Public Health Nurse Surveyor 3's & Medical Surveyor 3's
Nurse aide registry and qualified medication aide program	Director of Long-Term Care Program Director 1 2 Data Processing Operator 4's
Complaint investigation surveys of acute care and long-term care facilities	Director of Long-Term Care Public Health Nurse Surveyor Supervisor 5 3 Public Health Nurse Surveyor 3's 2 Medical Surveyor 3's
Enforcement of long-term care rules and regulations	Director of Long-Term Care Program Director 1 Program Director 2 Medical Surveyor 3
Consultant and monitor placement	Director of Long-Term Care Program Director 2
Long-term care disaster assistance	Director of Long-Term Care Attorney E4 6 Public Health Nurse Surveyor Supervisor 5's - LTC 3 Survey Supervisor 5's – LSC & ICF/MRDD Public Health Nurse Surveyor 3's & Medical Surveyor 3's

## KEY POSITIONS BY QUESTIONING

### Long-Term Care, C-1

For this task, ask agency personnel about their positions and management what they regard as key positions within the agency. Complete the table, identifying the positions (preferably not individuals) that are critical to agency operations and the problems the agency may face if the position was vacant.

Position	Problems Faced If Vacant
Director of Long-Term Care	Long-Term Care supervision and oversight would be missing. An additional responsibility for the Assistant Commissioner.
Attorney E4	Lack of supervision for the licensing and certification surveyors in addition to coordination of disaster assistance.
Survey Supervisor 5 – LSC & ICF/MRDD	No supervision for surveyors of these facilities.
Program Director 1	Supervision of the activities of the Nurse Aide Registry and the QMA Program would be lacking.
Program Director 2	Enforcement of rules would be compromised
Data Processing Operator 4	Lack of support for the Nurse Aide Registry and the QMA Program
Public Health Nurse Surveyor Supervisor 5 - LTC	Licensing, certification, and complaint surveys, in addition to disaster assistance, would lack direct oversight and supervision.
Medical Surveyor 3	Acute and Long-Term Care surveys would be short handed to perform surveys. No QA personnel to process surveys.

Public Health Nurse Surveyor 3	Long-Term Care surveys and Complaint surveys for Long-Term Care and Acute Care would be short handed to perform surveys.
Application Systems Analyst Programmer	Maintenance and ongoing operations of computer systems would not be done
Program Director E7	Oversight of system maintenance, data entry, and use of QIES and QAMIS would not be done

## AUTHORITY DELEGATION

### Long-Term Care, D-1

In this task, using the sample lines as a model, identify and describe the authority, and list those conditions that will trigger delegation of authority.

Authority	Position Holding Authority	Triggering Conditions
Approval of ATAS	Director of the Long-Term Care (LTC) Division	When the LTC Division Director is not available
Development of office policies	Director of the LTC Division	When the LTC Division Director is not available
Approval of requisitions & vouchers	Director of the LTC Division	When the LTC Division Director is not available
Approval of contracts	Director of the LTC Division	When the LTC Division Director is not available
Disciplining of staff	Program Managers	When the Manager of the program at issue is not available
Redirecting staff to assist in disaster-ravaged areas	Director of the LTC Division	When the LTC Division Director is not available
Approval of hiring	Director of the LTC Division	When the LTC Division Director is not available
Issuance of program guidance, directives, or interpretations to staff, and to regulated entities	Director of the LTC Division	When the LTC Division Director is not available
Authoring proposed IHAN alerts	Director of the LTC Division	When the LTC Division Director is not available
Issuance of permits, licenses, certifications, etc.	Program Managers	When the Manager of the program at issue is not available
Issuance of orders for correction	Program Managers	When the Manager of the program at issue is not available
Waiving payment of fees, for good cause	Program Managers	When the Manager of the program at issue is not available
Issuance of inspection reports	Program Managers	When the Manager of the program at issue is not available
Issuance of letters of correction involving review of construction design drawings	Program Managers	When the Manager of the program at issue is not available
Directing complaint investigations	Program Managers	When the Manager of the program at issue is not available

## ORDER OF SUCCESSION

### Long-Term Care, E-1

Complete a worksheet for each essential function. In the first column below, list the key positions identified in the Worksheet, Essential Functions and Key Positions. Then in the remaining columns, list the positions that would assume the authority of the key position if it became vacant unexpectedly, i.e., illness, injury, special assignment, termination of employment, etc. Consider the qualifications necessary to perform in the key position and the qualifications of the successor positions, as well as organizational and geographical proximity. The same successors may be named for different key positions, but avoid designating the same position / person as the first successor to several key positions.

**ESSENTIAL FUNCTION:** Long-Term Care - Licensing and certification surveys of facilities

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Director of Long-Term Care	Attorney E4	Public Health Nurse Surveyor Supervisor 5 responsible for the area	Survey Supervisor 5 responsible for the area	Public Health Nurse Surveyor 3 – Medical Surveyor 3

**ESSENTIAL FUNCTION:** Long-Term Care – Maintain nurse aide registry and qualified medication aide program

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Director of Long-Term Care	Program Director 1	Data Processing Operator 4	Data Processing Operator 4	

**ESSENTIAL FUNCTION:** Long-Term Care - Complaint investigation surveys of acute care and long-term care facilities

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Director of Long-Term Care	Public Health Nurse Surveyor Supervisor 5	Public Health Nurse Surveyor 3	Medical Surveyor 3	

**ESSENTIAL  
FUNCTION:**

Long-Term Care - Enforcement of rules and regulations

<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Successor 4</b>
Director of Long-Term Care	Program Director 1	Program Director 2	Medical Surveyor 3	

**ESSENTIAL  
FUNCTION:**

Long-Term Care - Consultant and monitor placement

<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Successor 4</b>
Director of Long-Term Care	Program Director 2			

**ESSENTIAL  
FUNCTION:**

Long-Term Care - Disaster assistance

<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Successor 4</b>
Director of Long-Term Care	Attorney E4	Public Health Nurse Surveyor Supervisor 5 responsible for the area	Survey Supervisor 5	Public Health Nurse Surveyor 3 – Medical Surveyor 3



Long-Term Care, H-1

Complete a separate worksheet for each essential function. Begin by listing critical processes and services that support that function in the first column. Next, determine the personnel needed to perform that service; and in the last column, list all records, equipment, and systems needed to make that essential function operable.

**ESSENTIAL FUNCTION: Long-Term Care – Licensing & Certification Surveys**

<b>Critical Processes / Resources</b>	<b>Personnel</b>	<b>Records</b>	<b>Equipment and Systems</b>
Computer network and support	Indiana Office of Technology (IOT), Information Technology Services, and Health Care Data Services / Long-Term Care		Computer and network
Supplies, mail, phone, and fax	Building Services		Computer, phone, e-mail
Supporting computer based system – QAMIS	IOT and Information Technology Services	QAMIS	Computer and network
Supporting computer based system – QIES (ASPEN, MDS, OASIS, & ODIE/OSCAR)	Information Technology Services	QIES	Computer and network
Office of Legal Affairs	Attorney E7		Computer, phone, e-mail
Professional Licensing Agency		Licensing program (License 2000) database maintained by PLA	Computer, phone, e-mail
Centers for Medicare and Medicaid Services (CMS)		Data maintained by CMS about certification of facilities	Computer, phone, e-mail
Dial up connectivity	IOT	QIES	Computer, phone, e-mail

**ESSENTIAL FUNCTION:** Long-Term Care – Maintain the Nurse Aide Registry and Qualified Medication Aide Program

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Computer network and support	Indiana Office of Technology, Information Technology Services, and Health Care Data Services / Long-Term Care		Computer and network
Office supplies, mail, phone, & fax	Building Services		Computer, phone, e-mail
Supporting computer based system – QAMIS	IOT and Information Technology Services	QAMIS	Computer and network
Supporting computer based system – QIES (ASPEN, MDS, OASIS, & ODIE/OSCAR)	Information Technology Services	QIES	Computer and network
Supporting computer based system – Nurse Aide Registry	Information Technology Services	Nurse Aide Registry	Computer and network
Professional Licensing Agency		Licensing program and database (License 2000) maintained by PLA	Computer, phone, e-mail
Centers for Medicare and Medicaid Services (CMS)		Data maintained by CMS about certification of facilities	Computer, phone, e-mail

**ESSENTIAL FUNCTION: Long-Term Care – Complaint Investigation surveys**

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Computer network and support	Indiana Office of Technology (IOT) and Information Technology Services and Health Care Data Services/Long-Term Care		Computer and network
Office Supplies, mail, phone, and fax	Building Services		Computer, phone, e-mail
Supporting computer based system – QAMIS	Information Technology Services	QAMIS	Computer and network
Supporting computer based system – QIES (ASPEN, MDS, OASIS, & ODIE/OSCAR)	Information Technology Services	QIES	Computer and network
Supporting computer based system – Nurse Aide Registry	Information Technology Services and Indiana Professional Licensing Agency	Nurse Aide Registry	Computer and network
Office of Legal Affairs	Attorney E7		Computer, phone, e-mail
Professional Licensing Agency		Licensing database of PLA	Computer, phone, e-mail
Centers for Medicare and Medicaid Services (CMS)		Data maintained by CMS about certification of facilities	Computer, phone, e-mail

**ESSENTIAL FUNCTION: Long-Term Care – Enforcement of health care rules**

<b>Critical Processes / Resources</b>	<b>Personnel</b>	<b>Records</b>	<b>Equipment and Systems</b>
Computer network and support	Indiana Office of Technology (IOT), Information Technology Services, and Health Care Data Services/Long-Term Care Division		Computer and network
Office supplies, mail, phone, and fax	Information Technology Services		Computer, phone, e-mail
Supporting computer based system – QAMIS	IOT and Information Technology Services	QAMIS	Computer and network
Supporting computer based system – QIES (ASPEN, MDS, OASIS, & ODIE/OSCAR)	Information Technology Services	QIES	Computer and network
Office of Legal Affairs	Attorney E7		Computer, phone, e-mail
Professional Licensing Agency		Licensing database maintained by PLA	Computer, phone, e-mail
Centers for Medicare and Medicaid Services (CMS)		Data maintained by CMS	Computer, phone, e-mail

**ESSENTIAL FUNCTION: Long-Term Care – Consultant and Monitor Placement**

<b>Critical Processes / Resources</b>	<b>Personnel</b>	<b>Records</b>	<b>Equipment and Systems</b>
Computer network and support	Indiana Office of Technology (IOT), Information Technology Services, and Health Care Data Services/Long-Term Care		Computer and network
Office supplies, mail, phone, and fax	Building Services		Computer, phone, e-mail
Supporting computer based system – QAMIS	Information Technology Services	QAMIS	Computer and network

Supporting computer based system -- QIES (ASPEN, MDS, OASIS, & ODIE/OSCAR)	Information Technology Services	QIES	Computer and network
Office of Legal Affairs	Attorney E7		Computer, phone, e-mail

**ESSENTIAL FUNCTION: Long-Term Care -- Disaster Assistance**

<b>Critical Processes / Resources</b>	<b>Personnel</b>	<b>Records</b>	<b>Equipment and Systems</b>
Computer network and support	Indiana Office of Technology, Information Technology Services, and Health Care Data Services/ Long-Term Care		Computer and network
Office supplies, mail, phone, & fax	Building Services		
Supporting computer based system -- QAMIS	Information Technology Services	QAMIS	Computer and network
Supporting computer based system -- QIES (ASPEN, MDS, OASIS, & ODIE/OSCAR)	Information Technology Services	QIES	Computer and network
Office of Legal Affairs	Attorney E7		
Public Health Preparedness and Emergency Response			
Professional Licensing Agency		Database maintained by the Professional Licensing Agency	Computer, e-mail, and fax
Centers for Medicare and Medicaid Services (CMS)		Data maintained by CMS about certification of facilities	Computer, e-mail, and fax

**REQUIREMENTS FOR ALTERNATE FACILITY I-1**  
Long Term Care

For this task, identify the requirements for the alternate work site by essential function. Requirements include Number of personnel, special needs, IT requirements, power, communication, and floor space. The examples given in the following table is a general guide for the type of information that should be provided.

<b>Essential Function</b>	<b># Personnel</b>	<b>Special Needs</b>	<b>IT Requirements Hardware</b>	<b>Power</b>	<b>Communication</b>	<b>Space Req. sq. ft.</b>
All essential functions	2 (total for all of Long Term Care essential functions)	Laserjet printer with high capacity Access to photocoppy machine (total for all of Long Term Care essential functions)	2 laptop computers and 1 LAN connection (total for all of Long Term Care essential functions)	110	2 cell Phones, long distance (total for all of Long Term Care essential functions)	200 (total for all of Long Term Care essential functions)

## AGENCY ESSENTIAL FUNCTIONS

### Medical Radiology Services, A-1

<p><b><u>TASK A. List All Agency Functions</u></b></p> <p>Examine agency legislative and regulatory mission.          Review existing SOPs and EOPs.          Talk to experts and former employees familiar with the agency.          In the first column of the table below, list all agency functions identified.</p>	<p><b><u>TASK B. Identify Essential Functions</u></b></p> <p>Re-examine agency mission.          Examine the services the agency provides to other agencies and the public.          Identify supporting critical processes and services in Column 2.          Indicate in Column 3 which functions are "essential" after considering their relationship to the agency mission and their supporting critical processes and services.</p>
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All Functions	Supporting Critical Processes & Services	Essential Function	
		Yes	No
HEALTH CARE REGULATORY SERVICES COMMISSION			
MEDICAL RADIOLOGY SERVICES LICENSING PROGRAM			
Medical Radiology Services - X-Ray Machine Operator Certification	<p>In accordance with 410 IAC 5-11, all operators of X-ray machines used on human beings must be certified. New applicants must show appropriate education and training, and they must successfully pass a test administered either by the Dental Assisting National Board or the American Registry of Radiologic Technologists.</p> <p>In case of an emergency, one person working at ISDH's main office at 2 North Meridian would be preferable. Basic office equipment, supplies, and connectivity are all that's needed. A guideline should be developed and posted on ISDH's web site stating that during a declared emergency, any x-ray machine operator whose license had expired in the previous 6 months could continue to work despite the rule requirement that they possess a current certificate.</p>	X	

**PRIORITY OF ESSENTIAL FUNCTIONS**  
**MEDICAL RADIOLOGY SERVICES, A-3**

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4. Using the information in the Agency Functions, Functions Questionnaire, Resource Requirements and Priority of Critical Process Worksheet, prioritize *essential functions*. In Column 1, list all essential functions. Next, consider the RTO's Resumption Time Objective -following a disruption, time at which function must be accomplished to avoid severe consequences and RPO's (Recovery Point Objective - (Normally associated with IT functions) The amount of data that can be lost measured by a time index. Example: An RPO of one hour means that the last hour of data before failure will not be recovered.) for the supporting processes and services and estimate the RTO or RPO for the essential function. Indicate the RTO / RPO for each essential function in Column 2. After determining the RTO / RPO for each essential function, assign a priority number in Column 3, giving lower numbers to those functions with the shorter RTOs or RPOs and / or upon which other functions depend.

Essential Function	RTO / RPO	Priority
Medical Radiology Services - X-Ray Machine Operator Certification	Up to 1 week	3



**ESSENTIAL OPERATIONS AND KEY POSITIONS**  
 Medical Radiology Services, B-1

With the information gathered in the six (Authority To Be Delegated Worksheet; Delegation Of Authority: Rules, Procedures and Limitations Worksheet; Current Organization Chart Worksheet; Consequences Resulting From A Past Or Existing Vacancy Worksheet; Key Positions By Questioning Worksheet; and Key Positions By Historical Evidence Worksheet) worksheets, identify key positions for each essential function in the agency. The first row provides an example.

<b>Essential Operations</b>	<b>Key Positions</b>
Medical Radiology Services - X-Ray Machine Operator Certification	Medical Radiology Services Certification Specialist Director of Consumer Protection Assistant Commissioner for Regulatory Services

**KEY POSITIONS BY QUESTIONING  
MEDICAL RADIOLOGY SERVICES, C-1**

For this task, ask agency personnel about their positions and management what they regard as key positions within the agency. Complete the table, identifying the positions (preferably not individuals) that are critical to agency operations and the problems the agency may face if the position was vacant.

<b>Position</b>	<b>Problems Faced If Vacant</b>
Program Director, Medical Radiology Services	Hinder the ability to make executive level decisions.
Program Manager, Medical Radiology Services	Hinder the ability to coordinate/implement program-level executive decisions.
Medical Radiology Services - X-Ray Machine Operator Certification Program Coordinator	Hinder ability to renew/issue X-Ray Machine Operators' Licenses.
ISDH – ITS Application Systems Analyst	Hinder the ability to support the system, coordinate system improvements and modifications, trouble-shooting and error-handling. Hinder coordinated effort between ISDH-IPLA-IOT for effective running of this system.
IOT System Specialist	Hinder the technical support for the system at IOT
IPLA System Specialist	Hinder the system-specific support for the system at IPLA
Utility Services Staff	Hinder network/workstations support.

**AUTHORITY DELEGATION**  
 Medical Radiology Services, D-1

In this task, using the sample lines as a model, identify and describe the authority, and list those conditions that will trigger delegation of authority.

<b>Authority</b>	<b>Position Holding Authority</b>	<b>Triggering Conditions</b>
Approval of ATAS	Director of Consumer Protection	When the Director of Consumer Protection is not available
Development of office policies	Director of Consumer Protection	When the Director of Consumer Protection is not available
Approval of requisitions & vouchers	Director of Consumer Protection	When the Director of Consumer Protection is not available
Approval of contracts	Director of Consumer Protection	When the Director of Consumer Protection is not available
Disciplining of staff	Program Managers	When the Manager of the program at issue is not available
Redirecting staff to assist in disaster-ravaged areas	Director of Consumer Protection	When the Director of Consumer Protection is not available
Approval of hiring	Director of Consumer Protection	When the Director of Consumer Protection is not available
Issuance of program guidance or interpretations to staff or to local health departments	Director of Consumer Protection	When the Director of Consumer Protection is not available
Authoring proposed IHAN alerts	Director of Consumer Protection	When the Director of Consumer Protection is not available
Issuance of approvals, permits, licenses, certifications, etc.	Program Managers	When the Manager of the program at issue is not available

Issuance of orders for correction or stop-sale orders, approving padlocking of gasoline dispensers or confiscation of irreparable weighing or measuring devices	Program Managers	When the Manager of the program at issue is not available
Waiving payment of fees, for good cause	Program Managers	When the Manager of the program at issue is not available
Issuance of inspection reports	Program Managers	When the Manager of the program at issue is not available
Issuance of certificates of free sale for drugs or medical devices	Director of Consumer Protection	When the Director of Consumer Protection is not available
Issuance of letters of correction involving review of construction design drawings	Program Managers	When the Manager of the program at issue is not available

## ORDER OF SUCCESSION

### Medical Radiology Services, E-1

Complete a worksheet for each essential function. In the first column below, list the key positions identified in the Worksheet, Essential Functions and Key Positions. Then in the remaining columns, list the positions that would assume the authority of the key position if it became vacant unexpectedly, i.e., illness, injury, special assignment, termination of employment, etc. Consider the qualifications necessary to perform in the key position and the qualifications of the successor positions, as well as organizational and geographical proximity. The same successors may be named for different key positions, but avoid designating the same position / person as the first successor to several key positions.

**ESSENTIAL  
FUNCTION:**

Medical Radiology Services - X Ray Machine Operator  
Certification

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Medical Radiology Services Certification Specialist	Supervisor of Medical Radiology Services	Director of Consumer Protection	Assistant Commissioner for Regulatory Services	

MEDICAL RADIOLOGY SERVICES, H-1

Complete a separate worksheet for each essential function. Begin by listing critical processes and services that support that function in the first column. Next, determine the personnel needed to perform that service; and in the last column, list all records, equipment, and systems needed to make that essential function operable.

**ESSENTIAL FUNCTION:** Technical support of License2000 and MyLicense online licensing application and architecture

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Support the system, coordinate system improvements and modifications, troubleshooting and error-handling. Coordinate effort between ISDH-IPLA-IOT for effective running of this system.	ISDH Application Systems Analyst	Radiologic Technologists demographic and licensure data, facilities, machines and materials registration and inspection data	Online Licensing and Registration System (License2000 and MyLicense).

**ESSENTIAL FUNCTION:** Connectivity to IOT/IPLA data/servers

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Ensuring connectivity between the IOT database and application servers	IOT System Specialist and Network Administrator	Radiologic Operators demographic and licensure data, facilities, machines and materials registration and inspection data	Online Licensing and Registration System (License2000 and MyLicense). Online Inspections module 'mCheck' will be added by Sep/Oct 2006. Network architecture.

**REQUIREMENTS FOR ALTERNATE FACILITY  
Consumer Protection I-1**

For this task, identify the requirements for the alternate work site by essential function. Requirements include Number of personnel, special needs, IT requirements, power, communication, and floor space. The examples given in the following table is a general guide for the type of information that should be provided.

<b>Essential Function</b>	<b># Personnel</b>	<b>Special Needs</b>	<b>IT Requirements Hardware</b>	<b>Power</b>	<b>Communication</b>	<b>Space Req. sq. ft.</b>
Administration/ Customer Service/Operations	7 employees	7 3'x6' Tables or equivalent 10 Chairs (3 for visitors) 1 Laserjet B&W printer 1 Scientific calculator 1 State map 1 Lockable 2-drawer file cabinet Access to a photo-copy machine Pencils, pens, printer paper, ruler, file folders, notepads, etc.	7 PC's each with internet connection, each connected to a printer, each having access to the files from ISDH's "ioflip07pw\ISDH(H:) server	110	7 telephones	600

## AGENCY ESSENTIAL FUNCTIONS

Administrative Services -OSC, A-1

<p><b><u>TASK A. List All Agency Functions</u></b></p> <ol style="list-style-type: none"> <li>5. Examine agency legislative and regulatory mission.</li> <li>6. Review existing SOPs and EOPs.</li> <li>7. Talk to experts and former employees familiar with the agency.</li> <li>8. In the first column of the table below, list all agency functions identified.</li> </ol>	<p><b><u>TASK B. Identify Essential Functions</u></b></p> <ol style="list-style-type: none"> <li>5. Re-examine agency mission.</li> <li>6. Examine the services the agency provides to other agencies and the public.</li> <li>7. Identify supporting critical processes and services in Column 2.</li> <li>8. Indicate in Column 3 which functions are “essential” after considering their relationship to the agency mission and their supporting critical processes and services.</li> </ol>
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*The first two rows provide examples of essential and non-essential functions.*

All Functions	Supporting Critical Processes & Services	Essential Function	
		Yes	No
<i>Alternate Operations Location Logistics</i>	<i>Communications, Data, Transportation</i>	X	
<i>Coordination of Building Restoration</i>	<i>Landlord coordination, IDOA</i>	X	
<i>Specimen Delivery</i>	<i>Transportation, Lab Resource Center</i>	X	
<i>ID Coordination</i>	<i>HR, IDOA, Lab</i>	X	X
<i>Access System Management</i>	<i>Internal Staff, CSC vendor, data</i>	X	
<i>Intrusion System Management</i>	<i>Internal Staff, CSC vendor, data</i>	X	

**ESSENTIAL OPERATIONS AND KEY POSITIONS**  
Administrative Services, B-1

With the information gathered in the six (Authority To Be Delegated Worksheet; Delegation Of Authority: Rules, Procedures and Limitations Worksheet; Current Organization Chart Worksheet; Consequences Resulting From A Past Or Existing Vacancy Worksheet; Key Positions By Questioning Worksheet; and Key Positions By Historical Evidence Worksheet) worksheets, identify key positions for each essential function in the agency. The first row provides an example.

<b>Essential Operations</b>	<b>Key Positions</b>
<i>Alternate Operations Location Decision</i>	<ol style="list-style-type: none"> <li>1. Director, Admin Services</li> <li>1. Asst. Commissioner, OSC</li> </ol>
Building Restoration	<ol style="list-style-type: none"> <li>1. Director, Admin Services</li> <li>2. Asst. Commissioner, OSC</li> <li>3. Respective Landlord</li> <li>4. Department of Administration</li> </ol>
Specimen Delivery	<ol style="list-style-type: none"> <li>1. General Services contractor</li> <li>2. Stores Clerk 3</li> <li>3. Safety Officer</li> <li>4. Lab personnel to receive</li> </ol>
ID Coordination	<ol style="list-style-type: none"> <li>1. Director, Admin Services</li> <li>2. Safety Officer, Labs</li> <li>3. Agency Safety Officer</li> <li>4. Facilities Coordinator</li> <li>5. DOA Facilities</li> </ol>
Access System Management	<ol style="list-style-type: none"> <li>1. Director, Admin Services</li> <li>2. Safety Officer, Labs</li> <li>3. Agency Safety Officer</li> <li>4. Facilities Coordinator</li> </ol>
Intrusion System Management	<ol style="list-style-type: none"> <li>1. Director, Admin Services</li> <li>2. Agency Safety Officer</li> </ol>



## KEY POSITIONS BY QUESTIONING

Administrative Services, C-1

For this task, ask agency personnel about their positions and management what they regard as key positions within the agency. Complete the table, identifying the positions (preferably not individuals) that are critical to agency operations and the problems the agency may face if the position was vacant.

Position	Problems Faced If Vacant
Administrative Services Director	Department management oversight and high level coordination of facilities and physical resources between agency and agency heads and landlords; DOC Logistics Section Chief.
Administrative Services Assistant Director	Administrative management and back-up to the Administrative Services Director; Second shift DOC Logistic Section
Safety Officer	Oversight of safety & back-up intrusion system operator
Contracted General Services Manager	Point of contact for incoming/outgoing mail packages, specimen delivery coordination, and departmental physical transfer of critical items.
Facility Coordinator	Facility support services to agency such as key, vehicle, and ID issuance.
Administrative Assistant	Administrative clerical support to the above functions
Stores Clerk 3	Transportation and logistics- deliveries

**AUTHORITY DELEGATION**  
Administrative Services, D-1

In this task, using the sample lines as a model, identify and describe the authority, and list those conditions that will trigger delegation of authority.

<b>Authority</b>	<b>Position Holding Authority</b>	<b>Triggering Conditions</b>
Alternate Operations Location Logistics	Administrative Services, Director  Operational Services, CFO  State Health Commissioner	Upon assessment of building conditions being deemed hazardous environmentally or structurally for staff working conditions.
Coordination of Building Restoration	Agency Safety Officer  Administrative Services, Director  Operational Services, CFO  Lease  Landlord	Upon emergency hazardous conditions being met to the extent that an alternate operation location is deemed necessary.
Specimen Delivery	Agency Facility Manager  Administrative Services, Director  Operational Services, CFO  Lab, Director	Upon emergency hazardous conditions being met for relocation of operations for labs.
ID Coordination	HR, Director  Administrative Services, Director  Operational Services,	Upon emergency hazardous conditions being met to the extent that an alternate operation location is deemed necessary and new State or contract staff are starting employment.

	CFO	
	IDOA	
Intrusion System Management	Agency Safety Officer  Administrative Services, Director  Assistant Director, Administrative Services	Upon relocation of ISDH operations for entry access for key personnel.

## ORDER OF SUCCESSION

Administrative Services, E-1, #1

Complete a worksheet for each essential function. In the first column below, list the key positions identified in the Worksheet, Essential Functions and Key Positions. Then in the remaining columns, list the positions that would assume the authority of the key position if it became vacant unexpectedly, i.e., illness, injury, special assignment, termination of employment, etc. Consider the qualifications necessary to perform in the key position and the qualifications of the successor positions, as well as organizational and geographical proximity. The same successors may be named for different key positions, but avoid designating the same position / person as the first successor to several key positions.

**ESSENTIAL FUNCTION:** Alternate Operations Location Logistics

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Director, Ad Services	Assiatant Director, Adminstrative Services	Asst Commisisoner, OSC	Deputy Health Commissioner	

**ESSENTIAL FUNCTION:** Building Restoration

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Director, Ad Services	Assistant Director, Administrative Services	Facilities Coordinator	Asst Commisisoner, OSC	Deputy Health Commissioner

**ESSENTIAL FUNCTION:** Specimen Delivery

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Contracted General Services Manage	Agency Safety Officer	Assistant Director, Administrative Services	Laboratory personnel	Laboratory Personnel Alt

**ESSENTIAL FUNCTION:** ID Coordination

<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Successor 4</b>
Facilities Coordinator	Assistant Director, Administrative Services	Safety Officer	Director, Ad Services	Assistant Commissioner, OSC

**ESSENTIAL FUNCTION:** Access System Management

<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Successor 4</b>
Facilities Coordinator	Assistant Director, Administrative Services,	Director, Ad Services		

**ESSENTIAL FUNCTION:** Intrusion System Management

<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Successor 4</b>
Assistant Director, Administrative Services,	Director, Ad Services		Lab Safety Officer	

Administrative Services, H-1

Complete a separate worksheet for each essential function. Begin by listing critical processes and services that support that function in the first column. Next, determine the personnel needed to perform that service; and in the last column, list all records, equipment, and systems needed to make that essential function operable.

**ESSENTIAL FUNCTION:** Alternate Operation Location

<b>Critical Processes / Resources</b>	<b>Personnel</b>	<b>Records</b>	<b>Equipment and Systems</b>
Recognition of alternate location need	Admin Services, Director	Credential Access Forms	Network and Share Drive Access
Approval and coordination w/IDOA and State Health Commissioner	Admin Services, Director		
Communication to key personnel and staff	Admin Services, Director OPA		
Access System updates	Admin Services, Director		
Intrusion System Updates	Admin Services, Director Safety Officer		

**ESSENTIAL FUNCTION:** Coordination of Building Restoration

<b>Critical Processes / Resources</b>	<b>Personnel</b>	<b>Records</b>	<b>Equipment and Systems</b>
Recognition of Alternate location need resulting from primary location hazard	Admin Services, Director Safety Officer	Work Orders Contracts Requisitions	Network access and remote connectivity

IDOA/State Health Commissioner approval	Admin Services, Director		
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**ESSENTIAL FUNCTION: Specimen Delivery**

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Alternate lab location	Admin Services, Director Contracted General Services Manger Stores Clerk 3, Administrative Services	Specimen delivery log	ISDH/ASC Vehicles

**ESSENTIAL FUNCTION: ID Coordination**

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Access Computer System	Admin Services, Director Facility Coordinator Administrative Assistant	Credential Access Form Individual Background Check	Staff computer and remote connectivity

**ESSENTIAL FUNCTION: Access System Management**

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Alternate location w/staff computer access and remote connectivity	Admin Services, Director Facility Coordinator Administrative Assistant	Credential Access Form Individual Background Check Request for internal access	Staff computer and remote connectivity

**ESSENTIAL FUNCTION:** Intrusion System

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Alternate location w/computer access to system and remote connectivity	Admin Services, Director Safety Officer	Request for internal access	Staff computer w/ network connection and remote connectivity

**REQUIREMENTS FOR ALTERNATE FACILITY**  
Administrative Services Division I-1

For this task, identify the requirements for the alternate work site by essential function. Requirements include Number of personnel, special needs, IT requirements, power, communication, and floor space. The examples given in the following table is a general guide for the type of information that should be provided.

Essential Function	# Personnel	Special Needs	IT Requirements Hardware	Power	Communication	Space Req. sq. ft.
Administration	3 Employees	1-800 mhz radio	1 Comp. 3 LAN Connections, network printer	110	3 Phones, long dist	300
Safety	1 Employee	1- 800 mhz radio	1 Comp, 1 LAN connection, network printer	110	1 Phone, long distance	100
Logistics Operations	2 Employees	Vehicle transportation for deliveries 2 cellular phones	2 Comp. 2 LAN Connections Network printer connection	110	2 Phones, long dist	200



## AGENCY ESSENTIAL FUNCTIONS

### Sanitary Engineering, A-1

<p><b><u>TASK A. List All Agency Functions</u></b></p> <p>Examine agency legislative and regulatory mission.          Review existing SOPs and EOPs.          Talk to experts and former employees familiar with the agency.          In the first column of the table below, list all agency functions identified.</p>	<p><b><u>TASK B. Identify Essential Functions</u></b></p> <p>Re-examine agency mission.          Examine the services the agency provides to other agencies and the public.          Identify supporting critical processes and services in Column 2.          Indicate in Column 3 which functions are “essential” after considering their relationship to the agency mission and their supporting critical processes and services.</p>
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All Functions	Supporting Critical Processes & Services	Essential Function	
		Yes	No
HEALTH CARE REGULATORY SERVICES COMMISSION			
SANITARY ENGINEERING PROGRAM			
Sanitary Engineering - Technical Assistance	One person working at ISDH's main office at 2 North Meridian would be preferable. Alternately, the person assigned this function could work from their home; however that would necessitate installation of high-speed DSL. Basic office equipment, supplies, and connectivity are all that would be needed.	X	
Sanitary Engineering – Disaster Assistance	In the event of a natural or man-made disaster, Sanitary Engineering office and field staff will provide public and environmental health assistance at the request of local health departments and emergency responders in nearby affected areas. They would work from their homes, and be loosely coordinated by their superiors, if possible. If the disaster is caused by a biological agent, then their assistance may be strictly by telephone or e-mail; otherwise, it would likely involve work in the field.	X	

**PRIORITY OF ESSENTIAL FUNCTIONS**  
Sanitary Engineering, A-3

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5. Using the information in the Agency Functions, Functions Questionnaire, Resource Requirements and Priority of Critical Process Worksheet, prioritize *essential functions*. In Column 1, list all essential functions. Next, consider the RTO's Resumption Time Objective -following a disruption, time at which function must be accomplished to avoid severe consequences and RPO's (Recovery Point Objective - (Normally associated with IT functions) The amount of data that can be lost measured by a time index. Example: An RPO of one hour means that the last hour of data before failure will not be recovered.) for the supporting processes and services and estimate the RTO or RPO for the essential function. Indicate the RTO / RPO for each essential function in Column 2. After determining the RTO / RPO for each essential function, assign a priority number in Column 3, giving lower numbers to those functions with the shorter RTOs or RPOs and / or upon which other functions depend.

Essential Function	RTO / RPO	Priority
Sanitary Engineering - Technical Assistance	48 hours / not applicable	8
Sanitary Engineering – Disaster Assistance	24 hours / not applicable	5

**ESSENTIAL OPERATIONS AND KEY POSITIONS**  
Sanitary Engineering, B-1

With the information gathered in the six (Authority To Be Delegated Worksheet; Delegation Of Authority: Rules, Procedures and Limitations Worksheet; Current Organization Chart Worksheet; Consequences Resulting From A Past Or Existing Vacancy Worksheet; Key Positions By Questioning Worksheet; and Key Positions By Historical Evidence Worksheet) worksheets, identify key positions for each essential function in the agency. The first row provides an example.

<b>Essential Operations</b>	<b>Key Positions</b>
Sanitary Engineering - Technical Assistance	Chief of Environmental Health Section 2 Field Environmental Scientist 2's Director of Consumer Protection
Sanitary Engineering – Disaster Assistance	17 Field Environmental Scientist 2's & 3's

**KEY POSITIONS BY QUESTIONING**  
Sanitary Engineering, C-1

For this task, ask agency personnel about their positions and management what they regard as key positions within the agency. Complete the table, identifying the positions (preferably not individuals) that are critical to agency operations and the problems the agency may face if the position was vacant.

Position	Problems Faced If Vacant
Director of Consumer Protection	Primary manager/policy maker/subject matter expert on sanitary engineering and environmental health would be lost Agency representative/subject matter expert to several state commissions and boards would be lost Primary coordinator of ISDH activities via the ISDH desk at DHS's Emergency Operations Center would be lost Primary policy maker/subject matter expert for sanitary engineering would be lost
Chief of Environmental Health Section	Secondary subject matter expert on environmental health would be lost Secondary coordinator of ISDH activities via the ISDH desk at DHS's Emergency Operations Center would be lost
Residential Sewage Disposal Environmental Engineer 1	Tertiary coordinator of ISDH activities via the ISDH desk at DHS's Emergency Operations Center would be lost
Sanitary Engineering Secretary Supervisor 5	Tertiary subject matter expert on preparation of certificates of free sale would be lost
17 Field Environmental Scientist 2's & 3's	Key subject matter expert on environmental health, the conduct of inspections/investigations of licensed facilities.

	and provision of technical assistance and training, and local disaster assistance would be lost to his/her assigned area
Chief of Residential Sewage Disposal	Primary manager/policy maker/subject matter expert for on-site sewage disposal would be lost
Chief of Plan Review	Primary manager for sanitary engineering would be lost Secondary policy maker/subject matter expert for sanitary engineering would be lost

## AUTHORITY DELEGATION

### Sanitary Engineering, D-1

In this task, using the sample lines as a model, identify and describe the authority, and list those conditions that will trigger delegation of authority.

Authority	Position Holding Authority	Triggering Conditions
Approval of ATAS	Director of Consumer Protection	When the Director of Consumer Protection is not available
Development of office policies	Director of Consumer Protection	When the Director of Consumer Protection is not available
Approval of requisitions & vouchers	Director of Consumer Protection	When the Director of Consumer Protection is not available
Approval of contracts	Director of Consumer Protection	When the Director of Consumer Protection is not available
Disciplining of staff	Program Managers	When the Manager of the program at issue is not available
Redirecting staff to assist in disaster-ravaged areas	Director of Consumer Protection	When the Director of Consumer Protection is not available
Approval of hiring	Director of Consumer Protection	When the Director of Consumer Protection is not available
Issuance of program guidance or interpretations to staff or to local health departments	Director of Consumer Protection	When the Director of Consumer Protection is not available
Authoring proposed IHAN alerts	Director of Consumer Protection	When the Director of Consumer Protection is not available
Issuance of approvals, permits, licenses, certifications, etc.	Program Managers	When the Manager of the program at issue is not available
Issuance of orders for correction or stop-sale orders, approving padlocking of gasoline dispensers or confiscation of irreparable weighing or measuring devices	Program Managers	When the Manager of the program at issue is not available
Waiving payment of fees, for good cause	Program Managers	When the Manager of the program at issue is not available
Issuance of inspection reports	Program Managers	When the Manager of the program at issue is not available
Issuance of certificates of free sale for drugs or medical	Director of Consumer Protection	When the Director of Consumer Protection is not available

<b>Authority</b>	<b>Position Holding Authority</b>	<b>Triggering Conditions</b>
devices		
Issuance of letters of correction involving review of construction design drawings	Program Managers	When the Manager of the program at issue is not available

## ORDER OF SUCCESSION

### Sanitary Engineering, E-1

Complete a worksheet for each essential function. In the first column below, list the key positions identified in the Worksheet, Essential Functions and Key Positions. Then in the remaining columns, list the positions that would assume the authority of the key position if it became vacant unexpectedly, i.e., illness, injury, special assignment, termination of employment, etc. Consider the qualifications necessary to perform in the key position and the qualifications of the successor positions, as well as organizational and geographical proximity. The same successors may be named for different key positions, but avoid designating the same position / person as the first successor to several key positions.

**ESSENTIAL  
FUNCTION:**

#### Sanitary Engineering - Technical Assistance

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Chief of Environmental Health Section	Environmental Scientist 2 assigned to the area	Environmental Scientist 2 assigned to the other area	Director of Consumer Protection	

**ESSENTIAL  
FUNCTION:**

#### Sanitary Engineering – Disaster Assistance

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Environmental Scientist 2 or 3 closest to the affected area	Environmental Scientist 2 or 3 next closest to the affected area	Environmental Scientist 2 or 3 next closest to the affected area	Environmental Scientist 2 or 3 next closest to the affected area	Environmental Scientist 2 or 3 next closest to the affected area



Sanitary Engineering, H-1

Complete a separate worksheet for each essential function. Begin by listing critical processes and services that support that function in the first column. Next, determine the personnel needed to perform that service; and in the last column, list all records, equipment, and systems needed to make that essential function operable.

**ESSENTIAL FUNCTION:** Sanitary Engineering - Technical Assistance

Critical Processes / Resources	Personnel	Records	Equipment and Systems
?	Chief of Environmental Health Section		Computer with standard suite of software, and e-mail & internet access
	Field Environmental Scientist 2		Telephone
	Field Environmental Scientist 2		FAX
	Director of Consumer Protection		Photocopy machine
			Laptop computer and printer with standard suite of software, and e-mail & internet access (in the case of the Field Environmental Scientist 2's only)
			Cell telephone (in the case of the Field Environmental Scientist 2's only)

**REQUIREMENTS FOR ALTERNATE FACILITY  
Consumer Protection I-1**

For this task, identify the requirements for the alternate work site by essential function. Requirements include Number of personnel, special needs, IT requirements, power, communication, and floor space. The examples given in the following table is a general guide for the type of information that should be provided.

<b>Essential Function</b>	<b># Personnel</b>	<b>Special Needs</b>	<b>IT Requirements Hardware</b>	<b>Power</b>	<b>Communication</b>	<b>Space Req. sq. ft.</b>
Administration/ Customer Service/Operations	7 employees	7 3'x6' Tables or equivalent 10 Chairs (3 for visitors) 1 Laserjet B&W printer 1 Scientific calculator 1 State map 1 Lockable 2-drawer file cabinet Access to a photo-copy machine Pencils, pens, printer paper, ruler, file folders	7 PC's each with internet connected, each connected to a printer, each having access to the files from ISDH's "iotflip07pw\ISDH(H:) server	110	7 telephones	600

## AGENCY ESSENTIAL FUNCTIONS A-1

### Rev 2008- Public Affairs (OPA)

<b><u>TASK A. List All Agency Functions</u></b>		<b><u>TASK B. Identify Essential Functions</u></b>	
9. Examine agency legislative and regulatory mission. 10. Review existing SOPs and EOPs. 11. Talk to experts and former employees familiar with the agency. 12. In the first column of the table below, list all agency functions identified.		9. Re-examine agency mission. 10. Examine the services the agency provides to other agencies and the public. 11. Identify supporting critical processes and services in Column 2. 12. Indicate in Column 3 which functions are "essential" after considering their relationship to the agency mission and their supporting critical processes and services.	
All Functions	Supporting Critical Processes & Services	Essential Function	
		Yes	No
Crisis and Emergency Risk Communication: Communicate information on public health emergencies to the general public through, and to include, all news media.	Develop message maps and communication points. Distribute news releases electronically to the media, staff, local health departments and stakeholders. Coordinate media availabilities, news conferences, and interviews. Track & evaluate news coverage.	X	
Media Relations: Respond to inquiries and requests for interviews from the media.	Track down information from program areas, set up interviews, and assist ISDH staff in handling interviews. Also distribute media updates and news releases. Track & evaluate news coverage.	X	
Internal Communications: Keep ISDH employees/ contractors/temporary staff informed about current public health issues and on ISDH business and events.	Produce internal newsletter, maintain and update ISDH Intranet, produce and display signage throughout the agency and disseminate agencywide emails.	X	

## PRIORITY OF ESSENTIAL FUNCTIONS

Information Technology Services for Office of Public Affairs, A-3

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6. Using the information in the Agency Functions, Functions Questionnaire, Resource Requirements and Priority of Critical Process Worksheet, prioritize *essential functions*. In Column 1, list all essential functions. Next, consider the RTO's Resumption Time Objective -following a disruption, time at which function must be accomplished to avoid severe consequences and RPO's (Recovery Point Objective - (Normally associated with IT functions) The amount of data that can be lost measured by a time index. Example: An RPO of one hour means that the last hour of data before failure will not be recovered.) for the supporting processes and services and estimate the RTO or RPO for the essential function. Indicate the RTO / RPO for each essential function in Column 2. After determining the RTO / RPO for each essential function, assign a priority number in Column 3, giving lower numbers to those functions with the shorter RTOs or RPOs and / or upon which other functions depend.

Essential Function	RTO / RPO	Priority
Maintain and update health information on ISDH Web site.		1

## ESSENTIAL OPERATIONS AND KEY POSITIONS

Information Technology Services for Office of Public Affairs B-1, 6-06

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With the information gathered in the six (Authority To Be Delegated Worksheet; Delegation Of Authority: Rules, Procedures and Limitations Worksheet; Current Organization Chart Worksheet; Consequences Resulting From A Past Or Existing Vacancy Worksheet; Key Positions By Questioning Worksheet; and Key Positions By Historical Evidence Worksheet) worksheets, identify key positions for each essential function in the agency. The first row provides an example.

Essential Operations	Key Positions
Maintain and update health information on ISDH Web site.	<ol style="list-style-type: none"> <li>1. ISDH Web programmer</li> <li>2. Director of Office of Public Affairs</li> <li>3. Indiana Interactive staff</li> </ol>

**KEY POSITIONS BY QUESTIONING**

Information Technology Services for Office of Public Affairs, C-1

For this task, ask agency personnel about their positions and management what they regard as key positions within the agency. Complete the table, identifying the positions (preferably not individuals) that are critical to agency operations and the problems the agency may face if the position was vacant.

<b>Position</b>	<b>Problems Faced If Vacant</b>
Web programmer	Critical information would not be posted to the ISDH Internet and Intranet Web sites.

## AUTHORITY DELEGATION

Information Technology Services for Office of Public Affairs D-1, 6-06

In this task, using the sample lines as a model, identify and describe the authority, and list those conditions that will trigger delegation of authority.

Authority	Position Holding Authority	Triggering Conditions
Maintain and update health information on ISDH Web site.	ISDH Web programmer	When news and information is needed to be updated on the ISDH Website

## ORDER OF SUCCESSION

Information Technology Services for Office of Public Affairs

E-1

Complete a worksheet for each essential function. In the first column below, list the key positions identified in the Worksheet, Essential Functions and Key Positions. Then in the remaining columns, list the positions that would assume the authority of the key position if it became vacant unexpectedly, i.e., illness, injury, special assignment, termination of employment, etc. Consider the qualifications necessary to perform in the key position and the qualifications of the successor positions, as well as organizational and geographical proximity. The same successors may be named for different key positions, but avoid designating the same position / person as the first successor to several key positions.

**ESSENTIAL  
FUNCTION:**

Maintain and update health information on ISDH Web site.

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Robert St. John	Tom Barnhill	Cynthia Bryant		

Information Technology Services for Office of Public Affairs,  
H-1

Complete a separate worksheet for each essential function. Begin by listing critical processes and services that support that function in the first column. Next, determine the personnel needed to perform that service; and in the last column, list all records, equipment, and systems needed to make that essential function operable.

**ESSENTIAL FUNCTION:** Maintain and update health information on ISDH Web site.

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Provide critical information concerning various health emergencies, diseases, and public health preparedness related instructions to the public and emergency personnel in a timely manner via the ISDH Web site.	Web programmer		ISDH Web site, Web server, VPN account, E-mail server, pager/phone/Blackberry.

## REQUIREMENTS FOR ALTERNATE FACILITY I-1 OPA

For this task, identify the requirements for the alternate work site by essential function. Requirements include Number of personnel, special needs, IT requirements, power, communication, and floor space. The examples given in the following table is a general guide for the type of information that should be provided.

Essential Function	# Personnel	Special Needs	IT Requirements Hardware	Power	Communication	Space Req. sq. ft.
Crisis and Emergency Risk Communication	2 Employees	LaserJet printer with high capacity. Fax machine and dedicated fax line.	2 Comp. 2 LAN Connections Access to media contacts by e-mail through network connection, wireless, or VPN.	110	2 Phones, long dist	400
Media Relations	*Same as above.	*Same as above.	*Same as above.	*Same as above.	*Same as above.	*Same as above.
Internal Communications	*Same as above.	*Same as above.	*Same as above.	*Same as above.	*Same as above.	*Same as above.
*Requirements for all OPA essential functions are the same.						



**REQUIREMENTS FOR ALTERNATE FACILITY**  
**I-1**  
**OPA Data Support**

For this task, identify the requirements for the alternate work site by essential function. Requirements include Number of personnel, special needs, IT requirements, power, communication, and floor space. The examples given in the following table is a general guide for the type of information that should be provided.

<b>Essential Function</b>	<b># Personnel</b>	<b>Special Needs</b>	<b>IT Requirements Hardware</b>	<b>Power</b>	<b>Communication</b>	<b>Space Req. sq. ft.</b>
Maintain and update ISDH website	Robert St. John	VPN	PC/Laptop	110 v	Long distance phone	7'x7' workspace

## AGENCY ESSENTIAL FUNCTIONS

### Laboratory Resource Center

<p><b>TASK A. List All Agency Functions</b></p> <p>13. Examine agency legislative and regulatory mission.</p> <p>14. Review existing SOPs and EOPs.</p> <p>15. Talk to experts and former employees familiar with the agency.</p> <p>16. In the first column of the table below, list all agency functions identified.</p>	<p><b>TASK B. Identify Essential Functions</b></p> <p>13. Re-examine agency mission.</p> <p>14. Examine the services the agency provides to other agencies and the public.</p> <p>15. Identify supporting critical processes and services in Column 2.</p> <p>16. Indicate in Column 3 which functions are "essential" after considering their relationship to the agency mission and their supporting critical processes and services.</p>
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*The first two rows provide examples of essential and non-essential functions.*

All Functions	Supporting Critical Processes & Services	Essential Function	
		Yes	No
<i>Laboratory Division—Analytical and Consulting Functions</i>	<p><b>Chemistry Testing:</b></p> <p><i>Indoor Air Lab</i></p> <p><i>Radiochemistry Lab</i></p> <p><i>Environmental Lab</i></p> <p><i>Consumer Health Lab</i></p> <p><i>Lab Certification</i></p>	x	
	<p><b>Microbiology Testing:</b></p> <p><i>Clinical Microbiology (Hepatitis, HIV, Syphilis, Enterics, Molecular etc.)</i></p> <p><i>Environmental Microbiology (Drinking Water, Surface Water, etc.)</i></p> <p><i>Food Microbiology (Raw and processed meats, Grade A milk and other dairy products, retail and wholesale food and food related products, etc.)</i></p>	x	
	<p><b>Emergency Preparedness and Response:</b></p> <p><i>BT Preparation/Response (Environmental, Clinical, Food)</i></p> <p><i>CT Preparation/Response (Clinical)</i></p> <p><i>Pandemic Influenza</i></p> <p><i>Training (BT/CT)</i></p>	x	

## PRIORITY OF ESSENTIAL FUNCTIONS

### Emergency Preparedness Lab, A-3

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1. Using the information in the Agency Functions, Functions Questionnaire, Resource Requirements and Priority of Critical Process Worksheet, prioritize *essential functions*. In Column 1, list all essential functions. Next, consider the RTO's Resumption Time Objective -following a disruption, time at which function must be accomplished to avoid severe consequences and RPO's (Recovery Point Objective - (Normally associated with IT functions) The amount of data that can be lost measured by a time index. Example: An RPO of one hour means that the last hour of data before failure will not be recovered.) for the supporting processes and services and estimate the RTO or RPO for the essential function. Indicate the RTO / RPO for each essential function in Column 2. After determining the RTO / RPO for each essential function, assign a priority number in Column 3, giving lower numbers to those functions with the shorter RTOs or RPOs and / or upon which other functions depend.

<b>Essential Function</b>	<b>RTO / RPO</b>	<b>Priority</b>
<i>BT Preparation/Response</i> (Environmental, Clinical, Food)	6 hours	1
<i>CT Preparation/Response</i> (Clinical)	6 hours	1
<i>Pandemic Influenza</i>	6 hours	1
<i>Virology</i>	6 hours	1

**ESSENTIAL OPERATIONS AND KEY POSITIONS**  
LRC, B-1

With the information gathered in the six (Authority To Be Delegated Worksheet; Delegation Of Authority: Rules, Procedures and Limitations Worksheet; Current Organization Chart Worksheet; Consequences Resulting From A Past Or Existing Vacancy Worksheet; Key Positions By Questioning Worksheet; and Key Positions By Historical Evidence Worksheet) worksheets, identify key positions for each essential function in the agency. The first row provides an example.

<b>Essential Operations</b>	<b>Key Positions</b>
Analytical Support and Consulting Services Provided by Chemistry Laboratories	<ol style="list-style-type: none"> <li>1. Program Managers</li> <li>2. Laboratory Division Director</li> <li>3. Deputy Laboratory Director</li> <li>4. Chemistry Laboratory Manager</li> <li>5. Chemistry Laboratory Supervisors</li> <li>6. Chemists</li> </ol>
<i>Emergency Preparedness and Response – Environmental BT (Microbiology &amp; Virology)</i>	<ol style="list-style-type: none"> <li>1. Lab Director</li> <li>2. Program Director</li> <li>3. Microbiologists</li> <li>4. ITS</li> <li>5. IOT</li> <li>6. Epidemiology</li> <li>7. Public Health Preparedness and Emergency Response</li> <li>8. Administrative Services</li> <li>9. Finance</li> </ol>
<i>Emergency Preparedness and Response – Clinical BT (Microbiology &amp; Virology)</i>	<ol style="list-style-type: none"> <li>1. Lab Director</li> <li>2. Program Director</li> <li>3. Microbiologists</li> <li>4. ITS</li> <li>5. IOT</li> <li>6. Epidemiology</li> <li>7. Public Health Preparedness and Emergency Response</li> <li>8. Administrative Services</li> <li>9. Finance</li> </ol>

<p><i>Emergency Preparedness and Response – Food BT (Microbiology &amp; Virology)</i></p>	<ol style="list-style-type: none"> <li>1. Lab Director</li> <li>2. Program Director</li> <li>3. Microbiologists</li> <li>4. ITS</li> <li>5. IOT</li> <li>6. Epidemiology</li> <li>7. Public Health Preparedness and Emergency Response</li> <li>8. Food Protection</li> <li>9. Administrative Services</li> <li>10. Finance</li> </ol>
<p><i>Emergency Preparedness and Response – Clinical Virology (STD, Immunization, Epi, etc.)</i></p>	<ol style="list-style-type: none"> <li>1. Lab Director</li> <li>2. Program Director</li> <li>3. Microbiologists</li> <li>4. ITS</li> <li>5. IOT</li> <li>6. Epidemiology</li> <li>7. HIV/STD</li> <li>8. Immunization</li> <li>9. Administrative Services</li> <li>10. Finance</li> </ol>
<p><i>Emergency Preparedness and Response – Pandemic Influenza</i></p>	<ol style="list-style-type: none"> <li>1. Lab Director</li> <li>2. Program Director</li> <li>3. Microbiologists</li> <li>4. ITS</li> <li>5. IOT</li> <li>6. Epidemiology</li> <li>7. Public Health Preparedness and Emergency Response</li> <li>8. Administrative Services</li> <li>9. Finance</li> </ol>

<p><i>Emergency Preparedness and Response – Chemical Terrorism (Clinical Specimens)</i></p>	<ol style="list-style-type: none"> <li>1. Lab Director</li> <li>2. Program Director</li> <li>3. Microbiologists</li> <li>4. ITS</li> <li>5. IOT</li> <li>6. Epidemiology</li> <li>7. Public Health Preparedness and Emergency Response</li> <li>8. Administrative Services</li> <li>9. Finance</li> </ol>
<p><i>Emergency Preparedness and Response – Biomonitoring (Blood Lead Clinical Specimens)</i></p>	<ol style="list-style-type: none"> <li>1. Lab Director</li> <li>2. Program Director</li> <li>3. Microbiologists</li> <li>4. ITS</li> <li>5. IOT</li> <li>6. Epidemiology</li> <li>7. Childhood Lead Poisoning Prevention</li> <li>8. Administrative Services</li> <li>9. Finance</li> </ol>
<p><i>Emergency Preparedness and Response – BT/CT Training</i></p>	<ol style="list-style-type: none"> <li>1. Lab Director</li> <li>2. Program Director</li> <li>3. Microbiologists</li> <li>4. Epidemiology</li> <li>5. Public Health Preparedness and Emergency Response</li> <li>6. Finance</li> </ol>
<p><i>Microbiology Laboratory support to the Epidemiology Resource Center.</i></p>	<ol style="list-style-type: none"> <li>1. Director</li> <li>2. Manager of Public Health Preparedness Lab</li> <li>3. Manager of Microbiology Lab</li> <li>4. Microbiology Supervisors</li> <li>5. Senior Microbiologists</li> <li>6. Lower ranking Microbiologists and Laboratory Technicians.</li> </ol>

**KEY POSITIONS BY QUESTIONING**  
Emergency Preparedness Lab, C-1

For this task, ask agency personnel about their positions and management what they regard as key positions within the agency. Complete the table, identifying the positions (preferably not individuals) that are critical to agency operations and the problems the agency may face if the position was vacant.

Position	Problems Faced If Vacant
Lab Director	Unable to perform CLIA testing, unable to report positive LRN results, no laboratory direction
Deputy Lab Director	Lack laboratory administrative services, select agent responsible official unavailable
Emergency Preparedness and Response Program Director	Supervision and direction of LRN/Pandemic Influenza lab staff unavailable, no BT Lab coordinator, no CT lab coordinator, select agent alternate responsible official unavailable, Backup to the lab director for reporting positive LRN results not available
Microbiology Lab Director and Subordinates	No supervision and direction of microbiological testing
Chemistry Director and Subordinates	No supervision and direction of chemical testing
Microbiologist	Microbiological testing of outbreaks, epidemics and potential BT events unavailable
Chemists	Chemical testing for CT events and hazardous public health situations unavailable
ITS Director and Subordinates	No support for IT programs

IOT Director and Subordinates	No support for network and computer issues
Epidemiology Director and Subordinates	No support for outbreaks, epidemics and potential BT/CT events
Public Health Preparedness and Emergency Response Director and Subordinates	No support for outbreaks, epidemics and potential BT/CT events
Administrative Services Director and Subordinates	No support for facilities
Finance Director and Subordinates	No support for procurement and other financial issues
Human Resources Director and Subordinates	No support for personnel issues
HIV/STD Director and Subordinates	No support for STD issues
Food Protection Director and Subordinates	No support for food issues including food biological, chemical or radiological terrorism
Childhood Lead Poisoning Prevention Director and Subordinates	No support for blood lead testing of children
Immunization Director and Subordinates	No support for immunization issues such as measles and mumps



**AUTHORITY DELEGATION**  
LRC, D-1

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In this task, using the sample lines as a model, identify and describe the authority, and list those conditions that will trigger delegation of authority.

<b>Authority</b>	<b>Position Holding Authority</b>	<b>Triggering Conditions</b>
Initiation of emergency or priority analytical work in lab.	Laboratory Director	Program notification in the case of emergency response or the need for analytical support of programs coming into the agency or laboratories.
Purchase of necessary supplies/equipment.	Assistant agency commission/lab director.	Workload or emergency needs require additional equipment/supplies to meet the laboratory response requirements.
Assignment of analytical responsibilities.	Laboratory manager	Response of agency requires analytical support or assignment changes to meet workload or additional work.
Data reporting.	Laboratory manager	Need for priority and analytical requirements are satisfactorily completed.
Consulting or legal representation of the laboratory for program or external communication	Laboratory director/deputy director/lab manager	Response to requested enquiries from program areas or external sources.
Initiation of emergency or priority analytical work in lab.	Laboratory Director	Program notification in the case of emergency response or the need for analytical support of programs coming into the agency or laboratories.

Purchase of necessary supplies/equipment.	Assistant Commissioner/Laboratory Director.	Workload or emergency needs require additional equipment/supplies to meet the laboratory response requirements.
Assignment of analytical responsibilities.	Laboratory Manager	Response of agency requires analytical support or assignment changes to meet workload or additional work.
Data reporting.	Laboratory Manager	Need for priority and analytical requirements are satisfactorily completed.
Consulting or legal representation of the laboratory for program or external communication	Laboratory Director/Laboratory Manager	Response to requested enquiries from program areas or external sources.
Determining whether testing requested meets regulatory requirements so that it may be performed.	Laboratory Director	Program area requires emergency or non-routine testing by any area of the Microbiology Lab.
Reallocation of laboratory resources such as staffing, equipment, supplies, and physical space to complete the emergency testing.	Laboratory Director	Program area requires emergency or non-routine testing by any area of the Microbiology Lab.

## ORDER OF SUCCESSION

LRC, E-1

Complete a worksheet for each essential function. In the first column below, list the key positions identified in the Worksheet, Essential Functions and Key Positions. Then in the remaining columns, list the positions that would assume the authority of the key position if it became vacant unexpectedly, i.e., illness, injury, special assignment, termination of employment, etc. Consider the qualifications necessary to perform in the key position and the qualifications of the successor positions, as well as organizational and geographical proximity. The same successors may be named for different key positions, but avoid designating the same position / person as the first successor to several key positions.

<b>ESSENTIAL FUNCTION:</b>	<i>Emergency Preparedness and Response – Clinical BT (Microbiology &amp; Virology)</i>
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Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Dave Dotson	Robert Lindner	Tom Cronau		
Mark Glazier	Jon Radosevic	Veronica Erwin		
Mary Hyndman	Mark Glazier	Chi Nguyen	Keith Obye	Lixia Liu
Veronica Erwin	Janine Kem	Benjamin Aronson		
Denise Scott	Shelley Stahl	Veronica Erwin		

<b>ESSENTIAL FUNCTION:</b>	<i>Emergency Preparedness and Response – Clinical Virology (STD, Immunization, Epi, etc.)</i>
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Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Dave Dotson	Robert Lindner	Tom Cronau		
Denise Scott	Shelley Stahl	Veronica Erwin		
Mary Hyndman	Mark Glazier	Chi Nguyen	Keith Obye	Lixia Liu

<b>ESSENTIAL FUNCTION:</b>	<i>Emergency Preparedness and Response – Food BT (Microbiology &amp; Virology)</i>
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Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Dave Dotson	Robert Lindner	Tom Cronau		
Mark Glazier	Jon Radosevic	Veronica Erwin		
Mary Hyndman	Mark Glazier	Chi Nguyen	Keith Obye	Lixia Liu
Veronica Erwin	Janine Kem	Benjamin Aronson		
Denise Scott	Shelley Stahl	Veronica Erwin		
Veronica Erwin	Mark Glazier	Jon Radosevic		

<b>ESSENTIAL FUNCTION:</b>	<i>Emergency Preparedness and Response – Environmental BT (Microbiology &amp; Virology)</i>
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Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Dave Dotson	Robert Lindner	Tom Cronau		
Mark Glazier	Jon Radosevic	Veronica Erwin		
Mary Hyndman	Mark Glazier	Chi Nguyen	Keith Obye	Lixia Liu
Veronica Erwin	Janine Kem	Benjamin Aronson		
Denise Scott	Shelley Stahl	Veronica Erwin		

<b>ESSENTIAL FUNCTION:</b>	<i>Emergency Preparedness and Response – Biomonitoring (Blood Lead Clinical Specimens)</i>
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Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Dave Dotson	Robert Lindner	Tom Cronau		
Mary Hagerman				
Tuyet Anh Dao				

<b>ESSENTIAL FUNCTION:</b>	<i>Emergency Preparedness and Response – Pandemic Influenza</i>
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<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Successor 4</b>
Dave Dotson	Robert Lindner	Tom Cronau		
Denise Scott	Shelley Stahl	Veronica Erwin		
Mary Hyndman	Mark Glazier	Chi Nguyen	Keith Obye	Lixia Liu

<b>ESSENTIAL FUNCTION:</b>	<i>Emergency Preparedness and Response – Biomonitoring (Blood Lead Clinical Specimens)</i>
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<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Successor 4</b>
Dave Dotson	Robert Lindner	Tom Cronau		
Mary Hagerman				
Tuyet Anh Dao				

Emergency Preparedness Lab,

H-1

Complete a separate worksheet for each essential function. Begin by listing critical processes and services that support that function in the first column. Next, determine the personnel needed to perform that service; and in the last column, list all records, equipment, and systems needed to make that essential function operable.

**ESSENTIAL FUNCTION:** *BT Preparation/Response (Environmental, Clinical, Food)*

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Test for the presence of BT agents, in human clinical isolates, environmental samples, air, water, and food	Lab Director, Emergency Preparedness and Response Program Director, Microbiologists	Lab Results for Pandemic Influenza	Pandemic Influenza application/database
		LRN Lab Results	LRN Messenger V2
		LIMS Lab Results	LIMS
		Lab Results	Hard copy of lab results
		Lab Worksheets	Hard copy of lab worksheets
		Lab Requisitions	Hard copy of lab requisitions completed by submitter
			Miscellaneous Lab Equipment

**ESSENTIAL FUNCTION: CT Preparation/Response (Clinical)**

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Test for the presence of CT agents in human clinical specimens.	Lab Director, Emergency Preparedness and Response Program Director, Chemists, Microbiologists	LRN Lab Results	LRN CT Reporting Tool
		LIMS Lab Results	LIMS
		Lab Results	Hard copy of lab results
		Lab Worksheets	Hard copy of lab worksheets
		Lab Requisitions	Hard copy of lab requisitions completed by submitter
			Miscellaneous Lab Equipment

**ESSENTIAL FUNCTION:** *Pandemic Influenza*

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Test for the presence of influenza, including potential pandemic strains, in human clinical specimens.	Lab Director, Emergency Preparedness and Response Program Director, Microbiologists	Lab Results for Pandemic Influenza	Pandemic Influenza application/database
		LRN Lab Results	LRN Messenger V2
		LIMS Lab Results	LIMS
		Lab Results	Hard copy of lab results
		Lab Worksheets	Hard copy of lab worksheets
		Lab Requisitions	Hard copy of lab requisitions completed by submitter
			Miscellaneous Lab Equipment



**ESSENTIAL FUNCTION:** Virology

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Test for the presence of influenza and other viruses of public health concern in human clinical specimens.	Lab Director, Emergency Preparedness and Response Program Director, Microbiologists	Lab Results for Pandemic Influenza	Pandemic Influenza application/database
		LIMS Lab Results	LIMS
		Lab Results	Hard copy of lab results
		Lab Worksheets	Hard copy of lab worksheets
		Lab Requisitions	Hard copy of lab requisitions completed by submitter
			Miscellaneous Lab Equipment

## REQUIREMENTS FOR ALTERNATE FACILITY

I-i

For this task, identify the requirements for the alternate work site by essential function. Requirements include Number of personnel, special needs, IT requirements, power, communication, and floor space. The examples given in the following table is a general guide for the type of information that should be provided.

Essential Function	# Personnel	Special Needs	IT Requirements Hardware	Power	Communication	Space Req. sq. ft.
Administration	1 Employees	1 Lockable 1 Drawer File	1 Comp.	110	1 Phones, long dist	100
Fiscal/Payroll	1 Employees	ADA Accessible Secure Safe 3Cu Ft.	1 Comp.	110/ 220	1 Phones, long dist	100
Operations all must be housed at Lab	40 Employees Dependent on event	Laserjet Printer with High Capacity	40 Comp. with LAN Connections Share printer listed in special needs	110	40 Phones, long dist	Current lab or need to send to another lab (MOU)

## AGENCY ESSENTIAL FUNCTIONS

ERC- A-1

<b><u>TASK A. List All Agency Functions</u></b>	<b><u>TASK B. Identify Essential Functions</u></b>
<p>17. Examine agency legislative and regulatory mission.</p> <p>18. Review existing SOPs and EOPs.</p> <p>19. Talk to experts and former employees familiar with the agency.</p> <p>20. In the first column of the table below, list all agency functions identified.</p>	<p>17. Re-examine agency mission.</p> <p>18. Examine the services the agency provides to other agencies and the public.</p> <p>19. Identify supporting critical processes and services in Column 2.</p> <p>20. Indicate in Column 3 which functions are "essential" after considering their relationship to the agency mission and their supporting critical processes and services.</p>

All Functions	Supporting Critical Processes & Services	Essential Function	
		Yes	No
Conduct disease surveillance	IT, building services, phone, FAX	X	
Disease investigation	IT, building services, phone, FAX	X	
Outbreak response	IT, building services, phone, FAX	X	
Syndromic surveillance	IT, building services, phone, FAX	X	
Respond to radiological emergencies	IT, building services, phone, FAX	X	
Respond to chemical emergencies	IT, building services, phone, FAX	X	
Coordinate with CDC on emergencies	IT, building services, phone, FAX	X	
Vector Control – Lyme disease investigation - staff interview patients to determine exposure site. Ticks are then collected in the area to assess the potential for additional cases.	IT, building services, phone, FAX	X	
Vector Control – Training of Local Health Department (LHD) staff - staff train LHD sanitarians on mosquito identification and proper use of mosquito control technologies, including pesticides.	IT, building services, phone, FAX	X	

<p>Vector Control – Early Warning System - During mosquito season, all staff could continue their primary mission of tracking virus propagation, since much of their work puts them in remote areas, away from people. They would work either from their homes or from ISDH entomology laboratory at 2525 North Shadeland Avenue; however, they could schedule their laboratory visits so no more than one person would be in the entomology laboratory on any given day. All necessary supplies would already have been ordered, and either on-hand or set for delivery. Basic office equipment, supplies, and connectivity are all that would be needed. Only one person would be needed to support this function during the off season, working either from home or from ISDH entomology laboratory.</p>	<p>IT, building services, phone, FAX</p>	<p>X</p>	
<p>Vector Control – Aedes Albopictus Monitoring - staff search tire piles across Indiana for the Aedes albopictus (a.k.a. the Asian Tiger Mosquito), which was introduced to Indiana from Asia in 1986, through import of used truck tire casings. It has been identified in 33 counties, mostly in southern Indiana, capable of efficiently transmitting Eastern Equine, Western Equine, and LaCrosse Encephalitis, and Dengue Fever. It is an aggressive biter comfortable in urban, rural, and forest settings.</p>	<p>IT, building services, phone, FAX</p>	<p>X</p>	
<p>Determine exposure and assess health risk from chronic exposures to chemicals</p>	<p>IT, building services, phone, FAX</p>	<p>X</p>	<p>X</p>
<p>Information resource for public, colleagues, media, etc.</p>	<p>IT, building services, phone, FAX</p>	<p>X</p>	<p>X</p>

**PRIORITY OF ESSENTIAL FUNCTIONS**  
ERC, A-3

7. Using the information in the Agency Functions, Functions Questionnaire, Resource Requirements and Priority of Critical Process Worksheet, prioritize *essential functions*. In Column 1, list all essential functions. Next, consider the RTO's Resumption Time Objective -following a disruption, time at which function must be accomplished to avoid severe consequences and RPO's (Recovery Point Objective - (Normally associated with IT functions) The amount of data that can be lost measured by a time index. Example: An RPO of one hour means that the last hour of data before failure will not be recovered.) for the supporting processes and services and estimate the RTO or RPO for the essential function. Indicate the RTO / RPO for each essential function in Column 2. After determining the RTO / RPO for each essential function, assign a priority number in Column 3, giving lower numbers to those functions with the shorter RTOs or RPOs and / or upon which other functions depend.

Essential Function	RTO / RPO	Priority
Conduct disease surveillance		High
Disease investigation		High
Outbreak response		High
Syndromic surveillance		High
Respond to radiological emergencies		High
Respond to chemical emergencies		High
Coordinate with CDC on emergencies		High
Vector Control Early Warning System	168 hours / 72 hours	High
Provide information and training to LHDs and others		High
Provide GIS support to ISDH and other agencies		High
Determine exposure and assess health risk from chronic exposures to chemicals		High
Information resource for public, colleagues, media, etc.		High

**ESSENTIAL OPERATIONS AND KEY POSITIONS**  
ERC, B-1

With the information gathered in the six (Authority To Be Delegated Worksheet; Delegation Of Authority: Rules, Procedures and Limitations Worksheet; Current Organization Chart Worksheet; Consequences Resulting From A Past Or Existing Vacancy Worksheet; Key Positions By Questioning Worksheet; and Key Positions By Historical Evidence Worksheet) worksheets, identify key positions for each essential function in the agency. The first row provides an example.

<b>Essential Operations</b>	<b>Key Positions</b>
Conduct disease surveillance	Dir, ERC Dir, Surv and Invest. Vet. Epid. Dir, Field Epis Admin Asst. Data Proc. In-house epis ( approx. 10) Field Epis (9)
Disease investigation	Dir, ERC Dir, Surv and Invest. Vet. Epid. Dir, Field Epis In-house epis ( approx. 10) Field Epis (9)
Outbreak response	Dir, ERC Dir, Surv and Invest. Vet. Epid. Dir, Field Epis In-house epis ( approx. 10) Field Epis (9)
Syndromic surveillance	Syndromic surv. Epi.
Respond to radiological emergencies	Dir, Rad Health Health Phys. (3)
Respond to chemical emergencies	Chemical resp. epi Env Hlth Pgm Dir Dir, Env Epi-Rad Hlth-Indoor Air
Coordinate with CDC on emergencies	Dir, ERC
Vector Control Early Warning System	Senior Medical Entomologist 2 Field Entomologist 3's

Provide information and training to LHDs and others	Dir, ERC Dir, Surv and Invest. Vet. Epid. Dir, Field Epis In-house epis ( approx. 10) Field Epis (9)
Provide GIS support to ISDH and other agencies	GIS Software Spec Sr. Syst. Analysts (2)
Determine exposure and assess health risk from chronic exposures to chemicals	Dir, Env Epi-Rad Hlth-Indoor Air Env Hlth Pgm Dir Chemical resp. epi
Information resource for public, colleagues, media, etc.	Dir, ERC Dir, Surv and Invest. Vet. Epid. Dir, Field Epis In-house epis ( approx. 10) Field Epis (9)

**KEY POSITIONS BY QUESTIONING**  
ERC, C-1

For this task, ask agency personnel about their positions and management what they regard as key positions within the agency. Complete the table, identifying the positions (preferably not individuals) that are critical to agency operations and the problems the agency may face if the position was vacant.

<b>Position</b>	<b>Problems Faced If Vacant</b>
State Epidemiologist	Loss of technical expertise and of direction and coordination of epidemiologic resources.
Director, Disease Surveillance and Investigation	Loss of direction of disease surveillance and outbreak response.
Director, Geographic Information Systems	Inability to track geographic extent and spread of emergencies.
Veterinary Epidemiologist	Loss of expertise in zoonotic diseases and bioterrorism response.
Director, Environmental Health	Loss of direction of environmental section.
Director, Radiological Health	
Director, Environmental Epidemiology	Loss of expertise for health effects of chemical health hazards.
Infectious disease epidemiologists	No one to monitor and respond to infectious emergencies.



Syndromic Surveillance Epidemiologists	No one to monitor data streams of health data which could alert us to an emerging problem and also provide information on affected demographic groups, geographic location, etc.
Chemical Terrorism Epidemiologist	Loss of only position specifically dedicated to chemical terrorism response.
Radiological emergency technicians	Loss of detection of and response to radiological emergencies.
Director, Field Epidemiologists	No direction for field response.
Field Epidemiologists	No field response.

## AUTHORITY DELEGATION

ERC, D-1

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In this task, using the sample lines as a model, identify and describe the authority, and list those conditions that will trigger delegation of authority.

<b>Authority</b>	<b>Position Holding Authority</b>	<b>Triggering Conditions</b>
Administrative functions (purchasing, vouchers, ATAS, etc.)	ERC Directors, managers, supervisors	Absence
Request CDC assistance	Dir, ERC	Absence
Post EpiX messages	Dir, ERC Dir, Surv and Invest Vet. Epid.	Absence

## ORDER OF SUCCESSION

ERC, E-1

Complete a worksheet for each essential function. In the first column below, list the key positions identified in the Worksheet, Essential Functions and Key Positions. Then in the remaining columns, list the positions that would assume the authority of the key position if it became vacant unexpectedly, i.e., illness, injury, special assignment, termination of employment, etc. Consider the qualifications necessary to perform in the key position and the qualifications of the successor positions, as well as organizational and geographical proximity. The same successors may be named for different key positions, but avoid designating the same position / person as the first successor to several key positions.

**ESSENTIAL  
FUNCTION:**

Conduct disease surveillance  
 Disease investigation  
 Outbreak response  
 Vector Control Early Warning System  
 Provide information and training to LHDs and others  
 Information resource for public, colleagues, media, etc.

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Director, ERC	Director, Surv and Dis Invest	Veterinary Epidemiologist	Director, Field Epis	Assistant Commissioner

**ESSENTIAL  
FUNCTION:**

Syndromic surveillance

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Syndromic surv epi	Director, Surv and Dis Invest	Director, ERC	Director, Field Epis	Veterinary epid.

**ESSENTIAL  
FUNCTION:**

Syndromic surveillance

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Syndromic surv epi	Director, Surv and Dis Invest	Director, ERC	Director, Field Epis	Veterinary epid.

**ESSENTIAL  
FUNCTION:**

Respond to radiological emergencies

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Div Dir, Rad Hlth	Prg Dir, Rad Hlth	Director, Env Epi-Indoor Air-Rad Health	Dir, ERC	Health Phys. I.

**ESSENTIAL  
FUNCTION:**

Respond to chemical emergencies

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Chem Prepar. Epi	Pgm Dir, Env Hlth	Director, Env Epi-Indoor Air-Rad Health	Dir, ERC	Med. Epid.

**ESSENTIAL  
FUNCTION:**

Coordinate with CDC on emergencies

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Dir, ERC	Commissioner	Assistant Commissioner	Dir, Surv and Dis Invest.	Vet. Epid,

**ESSENTIAL  
FUNCTION:**

Vector Control Early Warning System

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<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Successor 4</b>
Senior Medical Entomologist	Entomologist 3 assigned to the area	Entomologist 3 assigned to the other area		

**ESSENTIAL  
FUNCTION:**

Provide GIS support to ISDH and other agencies

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<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Successor 4</b>
GIS Specialist	Applied Syst Analyst	Applied Syst Analyst	Dir, ERC	Asst. Commissioner

**ORDER OF SUCCESSION**  
 ITS for Epidemiology Resource Center  
 E-1

Complete a worksheet for each essential function. In the first column below, list the key positions identified in the Worksheet, Essential Functions and Key Positions. Then in the remaining columns, list the positions that would assume the authority of the key position if it became vacant unexpectedly, i.e., illness, injury, special assignment, termination of employment, etc. Consider the qualifications necessary to perform in the key position and the qualifications of the successor positions, as well as organizational and geographical proximity. The same successors may be named for different key positions, but avoid designating the same position / person as the first successor to several key positions.

<b>ESSENTIAL FUNCTION:</b>	TeleForm Support
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Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Helen James				

ERC,  
H-1

Complete a separate worksheet for each essential function. Begin by listing critical processes and services that support that function in the first column. Next, determine the personnel needed to perform that service; and in the last column, list all records, equipment, and systems needed to make that essential function operable.

**ESSENTIAL FUNCTION:** Conduct disease surveillance

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Monitor reports of reportable diseases.	Epidemiologists.	NETSS	Computers, FAX, phone, e-mail
Monitor data on syndromes.	Epidemiologists.	PHSS	Computers, FAX, phone, e-mail

**ESSENTIAL FUNCTION:** Disease investigation

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Gather information	Epidemiologists	NETSS	Computers, FAX, phone, e-mail
Work with counties and providers	Epidemiologists	NETSS	Computers, FAX, phone, e-mail
Analyze data	Epidemiologists	NETSS	Computers, FAX, phone, e-mail
Disseminate findings	Epidemiologists	NETSS	Computers, FAX, phone, e-mail

**ESSENTIAL FUNCTION:** Outbreak response

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Advise on response needed	Epidemiologists	None	Computers, FAX, phone, e-mail
Determine number exposed or affected	Epidemiologists	NETSS	Computers, FAX, phone, e-mail

**ESSENTIAL FUNCTION:** Syndromic surveillance

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Monitor and interpret data flow	Epidemiologists	ED visits, OTC drug sales, school absences	Computers, FAX, phone, e-mail, PHESS

**ESSENTIAL FUNCTION:** Respond to radiological emergencies

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Receive and respond to reports of radiological hazards	Health physicists	None	Computers, FAX, phone, e-mail



**ESSENTIAL FUNCTION:** Respond to chemical emergencies

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Receive reports of and respond to chemical emergencies	Environmental epidemiologists	None	Computers, FAX, phone, e-mail

**ESSENTIAL FUNCTION:** Coordinate with CDC on emergencies

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Coordinate with CDC on emergencies	State epidemiologist	None	Computers, FAX, phone, e-mail

**ESSENTIAL FUNCTION:** Vector Control Early Warning System

Critical Processes / Resources	Personnel	Records	Equipment and Systems
U.S. Postal Service	Senior Medical Entomologist		Computer with standard suite of software, and e-mail & internet access
Federal Express	Field Entomologist 3		Telephone
ISDH's Laboratory Resource Center (to analyze any mosquito or blood samples collected)	Field Entomologist 3		Cell telephone
			FAX
			Photocopy machine

**ESSENTIAL FUNCTION:** Provide information and training to LHDs and others

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Provide information and training to LHDs and others during emergencies	Epidemiologists	None	Computers, FAX, phone, e-mail

**ESSENTIAL FUNCTION:** Provide GIS support to ISDH and other agencies

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Provide GIS support to ISDH and other agencies in an emergencies	GIS specialists	Essentially any health records at ISDH, plus GIS-specific data bases	Computers, FAX, phone, e-mail,

**ESSENTIAL FUNCTION:** Determine exposure and assess health risk from chronic exposures to chemicals

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Determine exposure and assess health risk from chronic exposures to chemicals during an emergency	Environmental epidemiologists	None	Computers, FAX, phone, e-mail

**ESSENTIAL FUNCTION:** Information resource for public, colleagues, media, etc.

<b>Critical Processes / Resources</b>	<b>Personnel</b>	<b>Records</b>	<b>Equipment and Systems</b>
Information resource for public, colleagues, media, etc. during an emergency	Epidemiologists	None	Computers, FAX, phone, e-mail

## REQUIREMENTS FOR ALTERNATE FACILITY

I-1

ERC

For this task, identify the requirements for the alternate work site by essential function. Requirements include Number of personnel, special needs, IT requirements, power, communication, and floor space. The examples given in the following table is a general guide for the type of information that should be provided.

Essential Function	# Personnel	Special Needs	IT Requirements Hardware	Power	Communication	Space Req. sq. ft.
Reportable disease case investigation	Assigned employees	1 lockable briefcase 1 laserjet printer/copier/fax machine or access	1 computer with high-speed internet and VPN card	110	Blackberry (with speakerphone)	Not specified—can work from home
Outbreak investigation	Assigned employees	1 lockable briefcase 1 laserjet printer/copier/fax machine or access	1 computer with high-speed internet and VPN card	110	Blackberry (with speakerphone)	Not specified—can work from home
Operations	4 employees	1 laserjet printer/copier/fax machine or access	1 computer with high-speed internet and VPN card	110	Blackberry (with speakerphone)	Not specified—can work from home

## AGENCY ESSENTIAL FUNCTIONS

### Immunization, A-1

<p><b><u>TASK A. List All Agency Functions</u></b></p> <p>21. Examine agency legislative and regulatory mission.</p> <p>22. Review existing SOPs and EOPs.</p> <p>23. Talk to experts and former employees familiar with the agency.</p> <p>24. In the first column of the table below, list all agency functions identified.</p>	<p><b><u>TASK B. Identify Essential Functions</u></b></p> <p>21. Re-examine agency mission.</p> <p>22. Examine the services the agency provides to other agencies and the public.</p> <p>23. Identify supporting critical processes and services in Column 2.</p> <p>24. Indicate in Column 3 which functions are "essential" after considering their relationship to the agency mission and their supporting critical processes and services.</p>
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*The first two rows provide examples of essential and non-essential functions.*

All Functions	Supporting Critical Processes & Services	Essential Function	
		Yes	No
<b><i>Immunization Division</i></b>			
<b><i>Perinatal Hep B Program :</i></b>			
<i>Receive Hepatitis B lab reports from State Lab and ISDH Epi Div. (Perinatal Hep B Program)</i>	<i>Emergency Operations Center, State Lab. ERC</i>	x	
<i>Follow-up with + Hep B patients aged 12-50 to see if pregnant (PeriHepB)</i>	<i>Home field office, IOT</i>	x	
<i>Notify pregnant Hep B patients of Hepatitis Disease</i>	<i>Home field office, IOT.</i>	x	
<i>Establish case file for +Hep B female aged 12-50-determine delivery date.</i>	<i>Home field office, IOT.</i>	x	
<i>Ensure newborn of +Hep B mother receives birth dose of Hep B vaccine.</i>	<i>Home field office, IOT.</i>	x	
<i>Ensure routine Hep B vaccine for newborn during first 12 months of life.</i>	<i>Home field office, IOT.</i>	x	
<i>Ensure 12-month serology testing of baby to determine efficacy of received Hep B vaccine.</i>	<i>Home field office.</i>	x	

<i>If + Hep B lab report for female aged 12-50 years is not pregnant, but indicates 1 or more risk factors then case file is established.</i>	<i>Home field office.</i>	x	
<b>Vaccine Ordering:</b>	<i>Could stop during a pandemic</i>		
<i>Receive vaccine orders via fax machine at ISDH.</i>	<i>Emergency Operations Center</i>	x	
<i>Review received vaccine orders and enter into VACMAN. (ordering computer software)</i>	<i>Emergency Operations Center</i>	x	
<i>Update VFC provider data base for existing and new providers as needed to ensure proper delivery and storage of vaccine.</i>	<i>Emergency Operations Center, Transportation vendor,r</i>	x	
<i>Transport vaccine from one VFC provider to another in need.</i>	<i>Home field office. (field reps – cell phone)</i>	x	
<b>Disease Investigation:</b>	<i>Labs, CDC, ERC</i>		
<i>Receive suspected disease case information from Epidemiologist.</i>	<i>Home field office.</i>	x	
<i>Complete suspected disease interviews via telephone with patient, family, local health departments, health care providers, and other potentially exposed persons.</i>	<i>Home field office, Local health care providers.</i>	x	
<i>Obtain lab specimen and transport to ISDH lab as needed.</i>	<i>Home field office. (field reps)</i>	x	
<b>CHIRP (Immunization Registry):</b>			
<i>Provide user support to health care providers, schools, and others via the telephone.</i>		x	x
<i>Enrollment in CHIRP</i>		x	x
<i>Education on site to users.</i>		x	x
<i>Promotion of CHIRP</i>		x	x
<i>Preparation of CHIRP training materials.</i>		x	x
<i>CHIRP support to other ISDH Divisions, ie. Lead, WIC, Vital Records, etc.</i>		x	x

**PRIORITY OF ESSENTIAL FUNCTIONS  
IMMUNIZATION, A-3**

1. Using the information in the Agency Functions, Functions Questionnaire, Resource Requirements and Priority of Critical Process Worksheet, prioritize *essential functions*. In Column 1, list all essential functions. Next, consider the RTO's Resumption Time Objective -following a disruption, time at which function must be accomplished to avoid severe consequences and RPO's (Recovery Point Objective - (Normally associated with IT functions) The amount of data that can be lost measured by a time index. Example: An RPO of one hour means that the last hour of data before failure will not be recovered.) for the supporting processes and services and estimate the RTO or RPO for the essential function. Indicate the RTO / RPO for each essential function in Column 2. After determining the RTO / RPO for each essential function, assign a priority number in Column 3, giving lower numbers to those functions with the shorter RTOs or RPOs and / or upon which other functions depend.

Essential Function	RTO / RPO	Priority
<b>Perinatal Hep B Program:</b>		
Receive Hep B lab reports	3 days	2
Follow-up with Hep B patients – determine pregnancy status.	3 days	3
Educate pregnant Hep B patients of Hepatitis B disease.	1 week	5
Ensure newborn receives birth dose	1 day	1
Ensure routine B vaccine during first 12-months of life.	1 week	3
Ensure 12-month serology testing.	1 week	3
Notify local health dept of non-pregnant Hep B+ patients for follow-up.	1 week	4
<b>Vaccine Ordering:</b>		
Receive vaccine orders via fax machine at ISDH.	1 day	1
Review vaccine orders and into VACMAN.	1 day	1
Update VFC provider data base for delivery address.	1 day	1
Transport vaccine as needed.	1 day	1
<b>Disease Investigation:</b>		
Receive suspected disease info from VFP Epidemiologist.	1 day	1
Obtain/transport lab specimen as needed.	1 day	1

Complete disease investigation.	1 day	1
<b>CHIRP (Immunization Registry):</b>		
Provide user support to health care providers, schools, and other via the telephone.	1 day	1
Enrollment in CHIRP	1 day	5
Education on site to users	1 day	5
Preparation of CHIRP training materials	1 day	5
CHIRP support to other ISDH divisions, i.e. Lead Program, WIC Program, Vital Records, etc.	1 day	2

**ESSENTIAL OPERATIONS AND KEY POSITIONS**  
Immunization, B-1, 3-06

With the information gathered in the six (Authority To Be Delegated Worksheet; Delegation Of Authority: Rules, Procedures and Limitations Worksheet; Current Organization Chart Worksheet; Consequences Resulting From A Past Or Existing Vacancy Worksheet; Key Positions By Questioning Worksheet; and Key Positions By Historical Evidence Worksheet) worksheets, identify key positions for each essential function in the agency. The first row provides an example.

<b>Essential Operations</b>	<b>Key Positions</b>
Perinatal Hep B Program	<ol style="list-style-type: none"> <li>1. Perinatal coordinator</li> <li>2. PHB Casemanagers</li> <li>3. Program Director</li> </ol>
Vaccine Ordering	<ol style="list-style-type: none"> <li>1. Vaccine Manager</li> <li>2. Program Director</li> <li>3. Administrative Asst. 3</li> </ol>
Vaccine Transfer	<ol style="list-style-type: none"> <li>1. Field Reps (investigators)</li> <li>2. Any available staff (with instruction)</li> </ol>
Disease Investigation	<ol style="list-style-type: none"> <li>1. Epidemiologist</li> <li>2. Field Reps (Investigators)</li> <li>3. Medical Director</li> </ol>
ATAS	<ol style="list-style-type: none"> <li>1. Program Director</li> <li>2. Program Operations Mgr.</li> <li>3. Proxy from other program.</li> <li>4. Human Resource Staff</li> </ol>



## KEY POSITIONS BY QUESTIONING

### Immunization, C-1

For this task, ask agency personnel about their positions and management what they regard as key positions within the agency. Complete the table, identifying the positions (preferably not individuals) that are critical to agency operations and the problems the agency may face if the position was vacant.

Position	Problems Faced If Vacant
Medical Director, Immunization Program	Lack of experienced medical decision-making into immunization policies and practices, needed for pandemic influenza or other immunization crises
Medical Director, Injury Prevention/Trauma System	Lack of experienced medical decision-making into state trauma system capabilities and functioning needed in a mass disaster involving mass trauma victims
Trauma System Manager	Lack of knowledge of how state trauma system could function, needed in a mass disaster involving mass trauma victims

**AUTHORITY DELEGATION**  
Immunization, D-1, 3-06

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In this task, using the sample lines as a model, identify and describe the authority, and list those conditions that will trigger delegation of authority.

Authority	Position Holding Authority	Triggering Conditions
Perinatal Hep B Program	Perinatal Coordinator	* When conditions make coming to or remaining in the office unsafe for staff and customers.
Vaccine Ordering	Vaccine Manager	* When conditions make coming to or remaining in the office unsafe for staff and customers.
Disease Investigation	Epidemiologist	* When conditions make coming to or remaining in the office unsafe for staff and customers.
ATAS	Director	* When conditions make coming to or remaining in the office unsafe for staff and customers.

**ORDER OF SUCCESSION**  
Immunization, E-1, #1, 3-06

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Complete a worksheet for each essential function. In the first column below, list the key positions identified in the Worksheet, Essential Functions and Key Positions. Then in the remaining columns, list the positions that would assume the authority of the key position if it became vacant unexpectedly, i.e., illness, injury, special assignment, termination of employment, etc. Consider the qualifications necessary to perform in the key position and the qualifications of the successor positions, as well as organizational and geographical proximity. The same successors may be named for different key positions, but avoid designating the same position / person as the first successor to several key positions.

**ESSENTIAL FUNCTION:** Perinatal Hepatitis B Casemanagement

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Cindy Brown	Brenda Mason	Rupert Arceo	Carol Briley	

**ESSENTIAL FUNCTION:** Vaccine Ordering and Distribution

<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Successor 4</b>
Judy Wilkinson	Adam Younce	Rupert Arceo	Steve Sellers	Carol Briley

**ESSENTIAL FUNCTION:** Disease Investigation

<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Successor 4</b>
Wayne Staggs	Dave Ellsworth	Karee Buffin	Milly Jines	Karol Baker

**ESSENTIAL FUNCTION:** CHIRP – Immunization Registry

<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Successor 4</b>
Regina Haynes	Ryan Archterberg	Sandy Lindquist	Susan Perkins	

**ESSENTIAL FUNCTION:** ATAS

<b>Key Position</b>	<b>Successor 1</b>	<b>Successor 2</b>	<b>Successor 3</b>	<b>Successor 4</b>
Carol Briley	Megan Steiger	Other Program Proxy	Human Resources	

## Immunization Program, H-1

### CHIRP Registry

Complete a separate worksheet for each essential function. Begin by listing critical processes and services that support that function in the first column. Next, determine the personnel needed to perform that service; and in the last column, list all records, equipment, and systems needed to make that essential function operable.

#### ESSENTIAL FUNCTION: CHIRP Immunization Registry

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Provide user support to health care providers, schools, and other via the telephone.	CHIRP SUPPORT CENTER	Immunization data	Web server – doitwebp01pw Database server - Sequoia New Database server iotorat01pu
Enrollment in CHIRP	CHIRP SUPPORT CENTER/CHIRP Recruiter	Enrollment forms	PC/Laptops
Education on site to users.	CHIRP SUPPORT CENTER/CHIRP Recruiter	How-To Manual CHIRP Application Manual	PC/Laptops
Promotion of CHIRP	CHIRP SUPPORT CENTER/CHIRP Recruiter	Promotional brochures	PC/Laptops

Preparation of CHIRP training materials.	CHIRP SUPPORT CENTER/CHIRP Recruiter	CHIRP graphics and logos Creation of Manuals	PC/Laptops Color Printer Microsoft Office
CHIRP support to other ISDH Divisions, i.e. Lead Program, WIC Program, Vital Records, etc.	CHIRP SUPPORT CENTER	Immunization data Lead data Vital record data WIC data	Web server – doitwebp01pw Database server - Sequoia New Database server lotorat01pu

## REQUIREMENTS FOR ALTERNATE FACILITY

I-1

### Immunization Program

For this task, identify the requirements for the alternate work site by essential function. Requirements include Number of personnel, special needs, IT requirements, power, communication, and floor space. The examples given in the following table is a general guide for the type of information that should be provided.

Essential Function	# Personnel	Special Needs	IT Requirements Hardware	Power	Communication	Space Req. sq. ft.
Administration	4	1 Lockable 6 Drawer File 1 - 6 person table for meetings	4 Computers, 4 LAN Connections with internet access, Standard Office Software 1 Standard Printer Access to High Capacity Copy Machine	110	4 Telephones, Long Distance and 1-800 toll capable	500
Vaccine Ordering	4	1 Lockable 6 Drawer File	4 Computers, 4 LAN Connections with internet access, Standard Office Software and CDC VACMAN Software 1 High Capacity Laserjet Printer 1 High Capacity FAX	110	4 Telephones, Long Distance and 1-800 toll capable	500

Immunization Registry (C.H.I.R.P.)	4		2 Lockable 6 Drawer File	4 Computers, 4 LAN Connections with internet access, Standard Office Software 1 High Capacity Color Laserjet Printer 1 High Capacity FAX 1 Color Scanner	110	4 Telephones, Long Distance and 1-800 toll capable	500
Operations	4		1 Lockable 4 Drawer File	4 Computers, 4 LAN Connections with internet access, Standard Office Software, 1 High Capacity Color Laserjet Printer	110	4 Telephones, Long Distance and 1-800 toll capable	500
Medical	1		1 Lockable 4 Drawer File	1 Computer, 1 LAN Connection with internet access, Standard Office Software, Shared Printer with Operations	110	1 Telephone, Long Distance and 1-800 toll capable	100
Surveillance & Disease Investigation	1		1 Lockable 4 Drawer File	1 Computer, 1 LAN Connection with internet access, Standard Office Software, Shared Printer with Operations	110	1 Telephone, Long Distance and 1-800 toll capable	100
Meeting Space	6 person Capacity			1 LAN Connection with internet access, Standard Office Software	110/220	1 Telephone, Long Distance and 1-800 toll capable, Hands Free Conferencing Capable	300

## AGENCY ESSENTIAL FUNCTIONS

PHPER – A-1

<p><b><u>TASK A. List All Agency Functions</u></b></p> <p>25. Examine agency legislative and regulatory mission.</p> <p>26. Review existing SOPs and EOPs.</p> <p>27. Talk to experts and former employees familiar with the agency.</p> <p>28. In the first column of the table below, list all agency functions identified.</p>	<p><b><u>TASK B. Identify Essential Functions</u></b></p> <p>25. Re-examine agency mission.</p> <p>26. Examine the services the agency provides to other agencies and the public.</p> <p>27. Identify supporting critical processes and services in Column 2.</p> <p>28. Indicate in Column 3 which functions are “essential” after considering their relationship to the agency mission and their supporting critical processes and services.</p>
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*The first two rows provide examples of essential and non-essential functions.*

All Functions	Supporting Critical Processes & Services	Essential Function	
		Yes	No
<p><b>Staff medical functional area of State IDHS Emergency Operations Center during an emergency or disaster.</b> Identify and provide subject matter experts.</p>	<p>IDHS and IDOA. Also need available subject matter experts within agency, many of which would come from outside PHPER (e.g., Epi, Labs).</p>	X	
<p><b>Participate in emergency response during an emergency or disaster.</b> (Staff clinics and quarantine sites, stand up agency Department Operations Center, provide communications linkages among relevant subject matter divisions within agency and with outside partners, act as agency point of contact during emergency or disaster response).</p>	<p>Administrative Services, IT, OLA. Also need available subject matter experts within agency, many of which would come from outside PHPER (e.g., Epi, Labs, Immunization, LTC and AC (nurses), Food Security, Sanitary Engineering (field staff)).</p>	X	
<p><b>Request and staff Receipt, Storage and Distribution of CDC Strategic National Stockpile.</b> (Counsel Commissioner’s Office and Governor’s Office on need and nature of request, stand up RSS site locations, staff RSS site locations, sign for and secure and break down emergency drugs and supplies, coordinate with partner agencies for security and transportation of SNS throughout state or affected areas, provide operational control of receipt and distribution, distribute SNS to local sites).</p>	<p>Administrative Services, IT, OLA, Finance, Commissioner’s Office, SHO or other ISDH medical doctor. Outside agencies include Governor (to make request), CDC (to receive request and ship SNS, CDC’s shipper, INDOT (to provide trucks), Indiana National Guard and private sector partner (for site locations and storage security, and for breakdown and loading assistance), ISP (for transportation security), IDHS, and Local Health Departments (to receive in affected areas).</p>	X	



<p><b>Coordinate procurement and distribution of drugs and supplies to support an emergency response.</b> (Identify needed supplies for responding to event, and working with end user and Finance Division to order and deliver product to end users. E.g., Katrina response involved PHER staff identifying or validating drug and supply needs/requests, participating in order, receiving and inventorying and storing supplies, and distributing supplies to end users).</p>	<p>Finance, IT, Administrative Services. Outside agencies include Auditor, State Board of Accounts, DOA, Hospitals, Local Health Departments, and every entity we fund or support as a medical functional area during an emergency response.</p>	<p>X</p>	
<p><b>Maintain cache of drugs and supplies for an emergency response.</b> (Identify and maintain "go-kit" supplies for lean forward response pending receipt of SNS or vendor managed inventory during an emergency. Includes maintaining masks and respirators, syringes, personal protective equipment, a small stockpile of vaccinia for smallpox response, etc.).</p>	<p>Administrative Services, Finance. Outside agency includes IDOA which provides warehousing. Vaccinia requires refrigeration and is monitored 24/7/365 using automated phone and alarm system. Daily monitoring of this component is essential in that improper storage will destroy and deplete resource, and loss or theft will create public health and homeland security concerns; other maintenance issues are non-essential.</p>	<p>X</p>	
<p><b>Recruit volunteers for an emergency response.</b> (E.g., During Katrina staff was required to call prospective volunteers from existing or already created resource pools and lock them into positions for response).</p>	<p>IT, Administrative Services, Finance. Outside agency includes IDHS for logistics and volunteer support, Auditor for payment of claims. Other outside agencies include recipients of volunteers, such as hospitals and local health departments.</p>	<p>X</p>	
<p><b>Operational Control of Indiana Health Alert Network.</b> Coordinate, compose and implement national, state and local alerting for public health emergencies and for other advisories to Indiana hospitals, local health departments, and other response partners throughout state.</p>	<p>IT, Administrative Services. IHAN requires 24/7/365 monitoring and implementation. Program staff responsible to developing and implementing alerts during a public health emergency or other disaster.</p>	<p>X</p>	

<p><b>Coordinate and support agency operational communications for emergency response.</b> (Grant supports components and equipment utilized for 24/7/365 agency duty officer system, as well as cell phones and wireless email systems, 800 MHZ radios supporting ISDH staff and LHD staff throughout state, satellite phones. PIPHER staff supports emergency communications infrastructure.</p>	<p>IT, Administrative Services. Outside partners include ISP, ISPC, and IDHS, as well as private phone service vendors.</p>	<p>X</p>	
<p><b>Solicit agency duty officer staff, prepare and maintain duty officer schedule; provide duty officer staffing.</b></p>	<p>IT, Administrative Services. Solicitation and maintenance of schedule are non-essential during a curtailment of operations. Staffing as duty officer is essential during a curtailment of operations.</p>	<p>X</p>	

**PRIORITY OF ESSENTIAL FUNCTIONS**  
PHPER, A-3

2. Using the information in the Agency Functions, Functions Questionnaire, Resource Requirements and Priority of Critical Process Worksheet, prioritize *essential functions*. In Column 1, list all essential functions. Next, consider the RTO's Resumption Time Objective -following a disruption, time at which function must be accomplished to avoid severe consequences and RPO's (Recovery Point Objective - (Normally associated with IT functions) The amount of data that can be lost measured by a time index. Example: An RPO of one hour means that the last hour of data before failure will not be recovered.) for the supporting processes and services and estimate the RTO or RPO for the essential function. Indicate the RTO / RPO for each essential function in Column 2. After determining the RTO / RPO for each essential function, assign a priority number in Column 3, giving lower numbers to those functions with the shorter RTOs or RPOs and / or upon which other functions depend.

Essential Function	RTO / RPO	Priority
Staff medical functional area of state IDHS Emergency Operations Center during an emergency or disaster.	RTO – One (1) Hour (CDC Metric)	High
Participate in emergency response during an emergency or disaster.	RTO – One (1) Hour	High
Request and staff Receipt, Storage and Distribution of CDC Strategic National Stockpile.	RTO – One (1) Hour to request; Twelve (12) Hours to staff receipt, storage and distribution	High
Coordinate Procurement and distribution of drugs and supplies to support an emergency response.	RTO – One (1) Hour	High
Maintain cache of drugs and supplies for emergency response.	RTO – Twelve (12) Hours	Low
Recruit volunteers for an emergency response.	RTO – One (1) Hour	High

Operational Control of Indiana Health Alert Network.	RTO – Fifteen (15) Minutes (CDC Metric)	High
Coordinate and support agency operational communications for emergency response.	RTO – Fifteen (15) Minutes (CDC Metric)	High
Solicit agency duty officer staff, prepare and maintain duty officer schedule, provide duty officer staffing.	RTO – Twelve (12) Hours	Low

**ESSENTIAL OPERATIONS AND KEY POSITIONS**  
PHPER, B-1

With the information gathered in the six (Authority To Be Delegated Worksheet; Delegation Of Authority: Rules, Procedures and Limitations Worksheet; Current Organization Chart Worksheet; Consequences Resulting From A Past Or Existing Vacancy Worksheet; Key Positions By Questioning Worksheet; and Key Positions By Historical Evidence Worksheet) worksheets, identify key positions for each essential function in the agency. The first row provides an example.

<b>Essential Operations</b>	<b>Key Positions</b>
Staff medical functional area of state IDHS Emergency Operations Center during an emergency or disaster.	<ol style="list-style-type: none"> <li>2. Primary EOC Representative</li> <li>3. Secondary EOC Representative</li> <li>4. Tertiary EOC Representative</li> <li>5. PPHPER Executive Director</li> <li>6. PPHPER BT Coordinator</li> <li>7. Agency SMEs (as needed depending on event)</li> </ol>
Participate in emergency response during an emergency or disaster.	<ol style="list-style-type: none"> <li>1. PPHPER Executive Director</li> <li>2. PPHPER BT Coordinator</li> <li>3. PPHPER Hospital Coordinator</li> <li>4. PPHPER SNS Coordinator</li> <li>5. PPHPER Business Manager (DOC Incident Command Staff)</li> <li>6. PPHPER Program Director E7 (DOC Incident Command Staff)</li> <li>7. PPHPER Chief Nurse Consultant</li> <li>8. PPHPER District Public Health Coordinators (10)</li> <li>9. OLA Attorney (Deployed to PPHPER)</li> <li>10. HR Director (DOC Incident Command Staff)</li> <li>11. Finance Director (DOC Incident Command Staff)</li> </ol>

	<ul style="list-style-type: none"> <li>12. PHPER Administrative Assistants (DOC Incident Command Staff)</li> <li>13. OPA Director (DOC Incident Command Staff)</li> <li>14. Veterinary Epidemiologist (DOC Incident Command Staff)</li> <li>15. ERC Director of Surveillance (DOC Incident Command Staff)</li> <li>16. Director, Administrative Services (DOC Incident Command Staff)</li> <li>17. IHAN Coordinator (DOC Incident Command Staff)</li> </ul> <p>PHPER Hospital Coordinators (Three)</p>
Request and staff Receipt, Storage and Distribution of CDC Strategic National Stockpile.	<ul style="list-style-type: none"> <li>1. PHPER Executive Director</li> <li>2. PHPER BT Director</li> <li>3. PHPER SNS Coordinator</li> <li>4. PHPER Program Director</li> <li>5. OLA Attorney (Deployed to PHPER)</li> <li>6. Governor (Initial Requestor)</li> <li>7. State Health Officer (Secondary Requestor)</li> <li>8. Deputy State Health Commissioner (Tertiary Requestor)</li> <li>9. Executive Director, Indiana Department of Homeland Security (Backup requestor if Governor and ISDH Personnel are unavailable)</li> </ul>
Coordinate Procurement and distribution of drugs and supplies to support an emergency response.	<ul style="list-style-type: none"> <li>1. PHPER Executive Director</li> <li>2. PHPER BT Director</li> <li>3. PHPER Business Manager</li> <li>4. PHPER Program Director E7</li> <li>5. PHPER Chief Nurse Consultant</li> <li>6. PHPER Hospital Coordinator</li> </ul>
Maintain cache of drugs and supplies for emergency response.	<ul style="list-style-type: none"> <li>1. PHPER Executive Director</li> <li>2. PHPER BT Director</li> <li>3. PHPER Program Director E7</li> <li>4. PHPER Chief Nurse Consultant</li> </ul>
Recruit volunteers for an emergency response.	<ul style="list-style-type: none"> <li>1. PHPER Executive Director</li> <li>2. PHPER BT Director</li> <li>3. PHPER Business Manager</li> <li>4. PHPER Program Director E7</li> <li>5. PHPER Hospital Director</li> <li>6. PHPER Program Director</li> </ul>

	<ol style="list-style-type: none"> <li>7. PHPER Chief Nurse Consultant</li> <li>8. OLA Attorney (Deployed to PHPER)</li> </ol>
Operational Control of Indiana Health Alert Network.	<ol style="list-style-type: none"> <li>1. PHPER Executive Director</li> <li>2. PHPER BT Director</li> <li>3. PHPER Hospital Director</li> <li>4. PHPER Program Director E7</li> <li>5. PHPER SNS Coordinator</li> </ol>
Coordinate and support agency operational communications for emergency response.	<ol style="list-style-type: none"> <li>1. PHPER Executive Director</li> <li>2. PHPER BT Director</li> <li>3. PHPER Hospital Director</li> <li>4. PHPER Program Director E7</li> </ol>
Solicit agency duty officer staff, prepare and maintain duty officer schedule, provide duty officer staffing.	<ol style="list-style-type: none"> <li>1. PHPER Executive Director</li> <li>2. Agency Duty Officers</li> </ol>

**KEY POSITIONS BY QUESTIONING**  
**PHPER, C-1**

For this task, ask agency personnel about their positions and management what they regard as key positions within the agency. Complete the table, identifying the positions (preferably not individuals) that are critical to agency operations and the problems the agency may face if the position was vacant.

<b>Position</b>	<b>Problems Faced If Vacant</b>
Primary EOC Representative	Specific to PHPER functionality, position staffs state Emergency Operations Center for agency. Unable to staff medical/public health functional area of state EOC during an emergency or disaster; Requires use of successors.
Successor EOC Representatives (4), including secondary, tertiary, PHPER Executive Director, and PHPER BT Coordinator	Same as above. Using successors after tertiary representative would interfere with primary and back-up responsibilities of those individuals, and successors deeper than the BT Coordinator would need to be selected on the fly and would not be trained on state EOC operations.
PHPER Executive Director	Position provides lateral and vertical agency coordination with emergency planning and response partners. Position provides back-up and successor support for primary responsibilities of PHPER staff and for agency's tertiary state EOC representative. Coordination and back-up activities including marshalling federal and state public health resources to support emergency would need to be picked up by Asst. Commissioner, Deputy Commissioner, or by PHPER staff already supporting field operations.
PHPER BT Coordinator	Position provides agency field operations coordination of district staff and local public health responders. Position serves as back-up for PHPER Executive Director. Position

	<p>serves as fourth successor to agency state EOC representative. Coordination of state field activities and operation of agency Department Operations Center would be lost or would need to be picked up by successor.</p>
PHPER Hospital Coordinator	<p>Position provides agency field operations coordination of district staff and local hospitals for planning and coordinated state response during an emergency. Statewide coordination of hospital response and marshalling resources would be lost or would need to be picked up by a successor.</p>
PHPER SNS Coordinator	<p>Position provides agency linkage to CDC for requesting and receiving and distributing Strategic National Stockpile, and to local health departments for their receipt of same. Planning and implementation of request, receipt and distribution of emergency drugs and supplies would be lost or would need to be picked up by a successor.</p>
PHPER Business Manager	<p>Position provides finance and logistics support to Department Operations Center during emergency. Position marshals financial and other support for emergency operations under the federally-mandated National Incident Management System. Inability to marshal financial and other resources to support agency response would impede agency response.</p>
PHPER Program Director E7	<p>Position provides logistics and planning support to Department Operations Center during emergency. Position marshals physical resources and participates in agency planning to support emergency operations under the federally-mandated National Incident Management System. Inability to marshal resources to support agency response would impede agency response.</p>
PHPER Chief Nurse Consultant	<p>Position provides medical and public health subject matter expertise to inform agency response to an emergency. Position may support state EOC, agency DOC, or field operations. Loss of SME would preclude effective agency response to a medical or public health event.</p>



<p>PHPER District Public Health Coordinators (10, one in each Homeland Security District), and PHPER Hospital Coordinators (three, one in each of northern, central and southern multi-district regions of state).</p>	<p>Positions provide local health department and hospital coordination within multi-county districts for effective regional response and for vertical coordination with agency and state. Positions may participate in regional emergency response as field support personnel. Loss of regional coordination would impede local response.</p>
<p>OLA Attorney (Deployed to PHPER)</p>	<p>Position provides legal support and counsel to PHPER staff. Issues would include preparing emergency orders under Title 10 and Title 16 for coordination of resources and to support public health pharmacological and non-pharmacological interventions and control measures. Position staffs DOC during an emergency. Emergency response not supported by legal framework may subject state and agency to significant financial liability.</p>
<p>PHPER Administrative Assistants (four)</p>	<p>Positions provide staff support to Department Operations Center (including journal clerking and logistics, message delivery, phone and other support). NIMS requires support for effective DOC operations. Staff shortage would preclude communications and operations within the DOC.</p>
<p>PHPER Program Director 1</p>	<p>Position provides support to agency district coordinators for vertical communications with DOC and with state EOC, and fosters coordinated state response utilizing all 10 districts. Position staffs the SNS RSS warehouse if SNS requested, and the DOC if SNS not requested. Position provides back-up to district coordinators in the event one or more district coordinators are unavailable during response. District to state communication and coordination would be lost if this position or successor was unavailable.</p>
<p>Governor</p>	<p>Specific to PHPER functionality, required to request SNS from CDC, required to issue EOs and implement Title 10 provisions for emergency response. Need successor letter for SNS (prepared and pending Governor's signature). Indiana Constitution governs succession for all other functions.</p>

HR Director	Specific to PIPHER functionality, staffs agency DOC during an emergency. Need successor to provide for continuity of operations in marshaling staff and providing staff support.
OPA Director	Specific to PIPHER functionality, staffs agency DOC during an emergency. Need successor to provide for and coordinate risk communications.
Veterinary Epidemiologist, ERC	Specific to PIPHER functionality, staffs agency DOC during an emergency. Need successor to provide for public health subject matter expertise.
State Epidemiologist, ERC	Specific to PIPHER functionality, staffs agency DOC during an emergency. Need successor to provide for public health subject matter expertise.
Director, Administrative Services	Specific to PIPHER functionality, staffs agency DOC during an emergency. Need successor to provide for communications, facilities, and logistics support.
IHAN Coordinator	Specific to PIPHER functionality, staffs agency DOC during an emergency. Need successor to provide for state and local alerting, communications, and computer support.

**AUTHORITY DELEGATION**  
PHPER, D-1

In this task, using the sample lines as a model, identify and describe the authority, and list those conditions that will trigger delegation of authority.

<b>Authority</b>	<b>Position Holding Authority</b>	<b>Triggering Conditions</b>
<i>Staff medical functional area of State IDHS DOC</i>	<i>Primary EOC Representative; Secondary EOC Representative; Tertiary EOC Representative; PHPER Executive Director; PHPER BT Coordinator</i>	<i>When IDHS activates State EOC and requests ISDH to occupy seat (in descending order).</i>
<i>Request CDC deploy SNS to Indiana</i>	<i>Governor; State Health Commissioner; Deputy State Health Commissioner; Executive Director of Indiana Department of Homeland Security</i>	<i>When public health emergency exists that exhausts state resources, Governor or backup designees in descending order may request SNS.</i>
<i>Stand up ISDH Department Operations Center as part of agency's participation in emergency response</i>	<i>Agency Head; Deputy Commissioner; Assistant Commissioner for Public Health Surveillance; PHPER Executive Director; PHPER BT Coordinator</i>	<i>When public health emergency requires use of agency incident command structure. Authority is to any of these persons and is not in descending order.</i>
<i>Request procurement of emergency drugs and supplies</i>	<i>Agency Head; Deputy Commissioner; Assistant Commissioner for Public Health Surveillance; PHPER Executive Director; PHPER BT Coordinator; PHPER Hospital Coordinator; PHPER Program Director E7; PHPER Business Manager</i>	<i>When emergency response requires purchases of drugs and supplies and not in descending order.  (New procurement procedures using PeopleSoft system create potential issues by limiting division approvers to a primary and a backup. Current primary is PHPER Executive Director, and current backup is PHPER Business Manager).</i>

<p>Deploy cache of emergency drugs and supplies</p>	<p><i>Agency Head; Deputy Commissioner; Assistant Commissioner for Public Health Surveillance; PHPER Executive Director; PHPER BT Coordinator; PHPER Hospital Coordinator; PHPER Program Director E7; PHPER Business Manager</i></p>	<p>When emergency response requires immediate delivery of available drugs and supplies. Authority is not in descending order.</p>
<p>Deploy vaccinia for smallpox inoculation</p>	<p><i>Agency Head; Deputy Commissioner; Assistant Commissioner for Public Health Surveillance; PHPER Executive Director; PHPER BT Coordinator; SNS Coordinator</i></p>	<p>When emergency response requires deployment of vaccinia. First authority is to PHPER Director, then to BT Coordinator, then to SNS Coordinator, all informed by Commissioner and Deputy or Assistant Commissioner and with CDC approval.</p>
<p>Recruit volunteers using IHAN or other alerting mechanism</p>	<p><i>Agency Head; Deputy Commissioner; Assistant Commissioner for Public Health Surveillance; PHPER Executive Director; PHPER BT Coordinator; PHPER Hospital Coordinator; PHPER Program Director E7; PHPER Business Manager</i></p>	<p>When emergency response requires use of volunteers. Authority is to PHPER Executive Director, then to PHPER BT Coordinator or PHPER Hospital Coordinator, then to PHPER Program Director E7 or PHPER Business Manager, all informed by State Health Commissioner or Deputy and Assistant State Health Commissioner. If volunteers are part of established mobile support units, requires that request be triggered by Governor or Executive Director of Indiana Department of Homeland Security.</p>
<p>Compose IHAN Alert</p>	<p><i>IHAN Approvers (see below); Assistant Commissioner, Community Health; PHPER Hospital Coordinator; CDC CEFO; ISDH Medical Directors, Epidemiology Field Director, ISDH; ISDH Division Directors; IHAN Developers (Contract Staff).</i></p>	<p>When emergency response requires alert to IHAN subscribers, response partners, these individuals have authority <b>to initiate but not approve</b> cascading message. Authority is not in descending order.</p>

<p>Compose and authorize IHAN Alert</p>	<p><i>State Health Commissioner; Deputy State Health Commissioner; Assistant Commissioner for Public Health Surveillance; Assistant Commissioner for Regulatory Affairs; PHPER Executive Director; PHPER BT Coordinator; Director of Surveillance, Epidemiology Resource Center; IHAN Coordinator; Director, ISDH Laboratories.</i></p>	<p>When emergency response requires alert to IHAN subscribers, response partners, these individuals have authority to <b>initiate and approve</b> cascading message. Authority is not in descending order.</p>
<p>Coordinate and support agency operational communications for emergency response.</p>	<p><i>PHPER Executive Director; PHPER BT Coordinator; PHPER Hospital Coordinator; PHPER SNS Coordinator; PHPER Program Director 1; HAN Coordinator; Director of Administrative Services; Chief Information Officer</i></p>	<p>Communications linkages are under authority and control of different parts of agency. Land line and cell service are controlled by Administrative Services. Network and Internet support are controlled by CIO. IHAN system and redundant communications capacity (radios) are controlled by PHPER staff (in descending order) and IHAN Coordinator.</p>
<p>Solicit agency duty officers, prepare and maintain DO schedule, provide DO staffing. Back up Duty Officer.</p>	<p><i>PHPER Executive Director.</i></p>	<p>Annual to cover two-week tours for year-long schedule; routine maintenance when duty officer is unable to complete scheduled tour; back up contact in event duty officer is unavailable.</p>

## ORDER OF SUCCESSION

PHPER, E-1

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Complete a worksheet for each essential function. In the first column below, list the key positions identified in the Worksheet, Essential Functions and Key Positions. Then in the remaining columns, list the positions that would assume the authority of the key position if it became vacant unexpectedly, i.e., illness, injury, special assignment, termination of employment, etc. Consider the qualifications necessary to perform in the key position and the qualifications of the successor positions, as well as organizational and geographical proximity. The same successors may be named for different key positions, but avoid designating the same position / person as the first successor to several key positions.

**ESSENTIAL  
FUNCTION:**

Staff medical functional area of state IDHS Emergency  
Operations Center during an emergency or disaster.

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Primary EOC Representative	Secondary EOC Representative	Tertiary EOC Representative	PHPER Executive Director	PHPER BT Coordinator

**ESSENTIAL  
FUNCTION:**

Participate in emergency response during an emergency or disaster.

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
PHPER Executive Director	Assistant Commissioner, Public Health Surveillance	Deputy Commissioner		
PHPER BT Coordinator				
PHPER Hospital Coordinator				
PHPER SNS Coordinator				
PHPER Business Manager (DOC Incident Command Staff)				
PHPER Program Director E7 (DOC Incident Command Staff)				
PHPER Chief Nurse Consultant				
PHPER District Public Health Coordinators (10, one per district)				
OLA Attorney (Deployed to PHPER)	OLA Attorney (Back-up designee for PHPER)			
HR Director (DOC Incident Command Staff)				
PHPER Administrative Assistants (four total) (DOC Incident Command Staff)				

OPA Director (DOC Incident Command Staff)				
Veterinary Epidemiologist (DOC Incident Command Staff)				
ERC Director of Surveillance (DOC Incident Command Staff)				
Director, Administrative Services (DOC Incident Command Staff)				
IHAN Coordinator (DOC Incident Command Staff)				

**ESSENTIAL  
FUNCTION:**

Request and staff Receipt, Storage and Distribution of  
CDC Strategic National Stockpile.

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Governor (to Request from CDC)	State Health Commissioner	ISDH SHO Designee	IDHS Executive Director	
PHPER Executive Director				
PHPER BT Coordinator				
PHPER SNS Coordinator				
PHPER Program Director				
OLA Attorney (Deployed to PHPER)	OLA Attorney (Designated back up)			



**ESSENTIAL  
FUNCTION:**

Coordinate Procurement and distribution of drugs and supplies to support an emergency response.

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
PHPER Executive Director	BT Director	PHPER Program Director E7		
PHPER Hospital Coordinator				
PHPER Business Manager				
PHPER Chief Nurse Consultant				

**ESSENTIAL  
FUNCTION:**

Maintain cache of drugs and supplies for emergency response.

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
PHPER Executive Director	PHPER BT Director	PHPER Program Director E7		
PHPER Chief Nurse Consultant				

**ESSENTIAL  
FUNCTION:**

Recruit volunteers for an emergency response.

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
PHPER Executive Director	PHPER BT Director	PHPER Program Director E7	PHPER Program Director	PHPER Chief Nurse Consultant
PHPER Hospital Coordinator				
PHPER Business Manager				
OLA Attorney (Deployed to PHPER)				

**ESSENTIAL  
FUNCTION:**

Operational Control of Indiana Health Alert Network.

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
PHPER Executive Director	PHPER BT Director			
PHPER Hospital Coordinator				
PHPER Program Director E7				
PHPER SNS Coordinator				

**ESSENTIAL  
FUNCTION:**

Coordinate and support agency operational communications for emergency response.

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
PHPER Executive Director	PHPER BT Director	PHPER Hospital Director	PHPER Program Director E7	

**ESSENTIAL  
FUNCTION:**

Solicit agency duty officer staff, prepare and maintain duty officer schedule, provide duty officer staffing.

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
PHPER Executive Director	PHPER BT Coordinator			

PHPER,  
H-1

Complete a separate worksheet for each essential function. Begin by listing critical processes and services that support that function in the first column. Next, determine the personnel needed to perform that service; and in the last column, list all records, equipment, and systems needed to make that essential function operable.

**ESSENTIAL FUNCTION:** Staff medical functional area of state IDHS Emergency Operations Center during an emergency or disaster.

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Communications and Computer linkages.	Primary and Successor EOC Representatives	Agency EOC Briefing Book, maintained at the state EOC	Computer and phone lines maintained at the state EOC; Computer and phone lines maintained at the ISDH

**ESSENTIAL FUNCTION:** Participate in emergency response during an emergency or disaster.

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Communications and Computer linkages.	Primary and Successor EOC Representatives	Agency EOC Briefing Book, maintained at the state EOC	Computer and phone lines maintained at the state EOC; Computer and phone lines maintained at the ISDH
Communications and Computer linkages; DOC procedure; ISDH DOC or Alternate DOC Facility	PHPER and agency staff supporting DOC command	Federal, state and local agency emergency response contact lists; ISDH Duty Officer Notebook; State and Local Maps, Indiana Code; DOC SOP	Computer and phone lines maintained at the ISDH; Cell Phones, Blackberries; 800 MGH Radios; Aircards; Satellite Phones; Tables, computer and phone equipment

**ESSENTIAL FUNCTION:** Request and staff Receipt, Storage and Distribution of CDC Strategic National Stockpile.

<b>Critical Processes / Resources</b>	<b>Personnel</b>	<b>Records</b>	<b>Equipment and Systems</b>
Communications and Computer linkages.	Primary and Successor EOC Representatives	Agency EOC Briefing Book, maintained at the state EOC	Computer and phone lines maintained at the state EOC; Computer and phone lines maintained at the ISDH
Communications and Computer linkages; DOC procedure; ISDH DOC or Alternate DOC Facility	PHPER and agency staff supporting DOC command	Federal, state and local agency emergency response contact lists; ISDH Duty Officer Notebook; State and Local Maps, Indiana Code; DOC SOP	Computer and phone lines maintained at the ISDH; Cell Phones, Blackberries; 800 MGH Radios; Aircards; Satellite Phones; Tables, computer and phone equipment
Communications and Computer linkages; DOC procedure; RSS or Alternate RSS Facility; RSS staffing procedure; State Police Security; State Transportation Assets (INDOT, MDI).	SHO or designee; Governor for state request; PHPER and agency staff supporting RSS site and command; RSS warehouse and agency staffing for materials breakdown	Federal, state and local agency emergency response contact lists; ISDH Duty Officer Notebook; State and Local Maps, Indiana Code; DOC SOP; RSS SOP	Computer and phone lines maintained at the RSS; Cell Phones, Blackberries; 800 MGH Radios; Aircards; Satellite Phones; Tables, computer and phone equipment; INDOT and/or MDI trucks

**ESSENTIAL FUNCTION:** Coordinate Procurement and distribution of drugs and supplies to support an emergency response.

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Communications and Computer linkages.	Primary and Successor EOC Representatives	Agency EOC Briefing Book, maintained at the state EOC	Computer and phone lines maintained at the state EOC; Computer and phone lines maintained at the ISDH
Communications and Computer linkages; DOC procedure; ISDH DOC or Alternate DOC Facility	PHPER and agency staff supporting DOC command	Federal, state and local agency emergency response contact lists; ISDH Duty Officer Notebook; State and Local Maps, Indiana Code; DOC SOP	Computer and phone lines maintained at the ISDH; Cell Phones, Blackberries; 800 MGH Radios; Aircards; Satellite Phones; Tables, computer and phone equipment
Communications and Computer linkages; DOC procedure; RSS or Alternate RSS Facility; RSS staffing procedure; State Police Security; State Transportation Assets (INDOT, MDI).	SHO or designee; Governor for state request; PHPER and agency staff supporting RSS site and command; RSS warehouse and agency staffing for materials breakdown	Federal, state and local agency emergency response contact lists; ISDH Duty Officer Notebook; State and Local Maps, Indiana Code; DOC SOP; RSS SOP	Computer and phone lines maintained at the RSS; Cell Phones, Blackberries; 800 MGH Radios; Aircards; Satellite Phones; Tables, computer and phone equipment; INDOT and/or MDI trucks

<p>Agency Finance and Emergency Procurement Process with State DOA and OMB</p>	<p>PHPER Finance Command Staff; PHPER Logistics Command Staff; ISDH Finance Director; ISDH Procurement Staff; ISDH Administrative Services Director; IDOA and OMB staff responsible for approving emergency procurement requests; IDHS staff responsible for coordination and transportation of assets.</p>	<p>Indiana Code; State Procurement Forms</p>	<p>Computer and phone lines maintained at the ISDH; Cell Phones, Blackberries; 800 MGH Radios; Aircards; Satellite Phones; Tables, computer and phone equipment; Facilities for receipt and storage.</p>
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**ESSENTIAL FUNCTION:** Maintain cache of drugs and supplies for emergency response.

<p><b>Critical Processes / Resources</b></p>	<p><b>Personnel</b></p>	<p><b>Records</b></p>	<p><b>Equipment and Systems</b></p>
<p>Facility for Storage (may require refrigeration or other temperature control depending on material)</p>	<p>PHPER Command Staff for Logistics; Administrative Services Director; IDOA staff responsible for outside storage facility.</p>	<p>Inventory of drugs and supplies.</p>	<p>Computer and phone lines maintained at the state EOC; Computer and phone lines maintained at the ISDH; Computer and phone lines maintained at any outside storage facility; boxes or other containers for material, transportation (trucks, cars).</p>

**ESSENTIAL FUNCTION:** Recruit volunteers for an emergency response.

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Communications and Computer linkages.	Primary and Successor EOC Representatives	Agency EOC Briefing Book, maintained at the state EOC	Computer and phone lines maintained at the state EOC; Computer and phone lines maintained at the ISDH
Communications and Computer linkages; DOC procedure; ISDH DOC or Alternate DOC Facility	PHPER and agency staff supporting DOC command	Federal, state and local agency emergency response contact lists; ISDH Duty Officer Notebook; State and Local Maps, Indiana Code; DOC SOP	Computer and phone lines maintained at the ISDH; Cell Phones, Blackberries; 800 MGH Radios; Aircards; Satellite Phones; Tables, computer and phone equipment
Communications and Computer linkages; DOC procedure; RSS or Alternate RSS Facility; RSS staffing procedure; State Police Security; State Transportation Assets (INDOT, MDI).	SHO or designee; Governor for state request; PHPER and agency staff supporting RSS site and command; RSS warehouse and agency staffing for materials breakdown	Federal, state and local agency emergency response contact lists; ISDH Duty Officer Notebook; State and Local Maps, Indiana Code; DOC SOP; RSS SOP	Computer and phone lines maintained at the RSS; Cell Phones, Blackberries; 800 MGH Radios; Aircards; Satellite Phones; Tables, computer and phone equipment; INDOT and/or MDI trucks
IHAN, Email, Facsimile, Voice Communications; Volunteer Database	IHAN Coordinator; PHPER staff for volunteer recruitment and coordination	Volunteer List; Equipment List; Deployment Directions/Instructions; Indiana Code; Education and Training Information; Timesheet Form; Reimbursement Forms (EMAC R2)	Computer and phone lines maintained at the ISDH; Fax machine and paper

**ESSENTIAL FUNCTION:** Operational Control of Indiana Health Alert Network.

Critical Processes / Resources	Personnel	Records	Equipment and Systems
IHAN, Email, Facsimile, Voice Communications; Volunteer Database; Communications and Computer linkages; IHAN Alerting Procedure	IHAN Coordinator; PHPER staff for alert messaging	IHAN	Computer and phone lines maintained at the ISDH; Fax machine and paper

**ESSENTIAL FUNCTION:** Coordinate and support agency operational communications for emergency response.

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Communications and Computer linkages; Disaster Recovery Process and facilities; 800 MGH Procedure; Priority Designation for service restoration from phone vendors	IHAN Coordinator; Agency IT staff; Agency Administrative Services staff.	IHAN; Emergency Contact Information for agency and response staff; Procedures for Use of Equipment (radios, satellite phones).	Computer and phone lines maintained at the ISDH and with field personnel; 800 MGH Radios; Satellite Phones

**ESSENTIAL FUNCTION:** Solicit agency duty officer staff, prepare and maintain duty officer schedule, provide duty officer staffing.

Critical Processes / Resources	Personnel	Records	Equipment and Systems
Communications and Computer linkages.	PHPER Executive Director or successor; Agency duty officers.	Duty Officer Manual; Duty Officer Schedule	Computer and phone lines maintained at the ISDH



**REQUIREMENTS FOR ALTERNATE FACILITY  
PHPER I-1**

For this task, identify the requirements for the alternate work site by essential function. Requirements include Number of personnel, special needs, IT requirements, power, communication, and floor space. The examples given in the following table is a general guide for the type of information that should be provided.

<b>Essential Function</b>	<b># Personnel</b>	<b>Special Needs</b>	<b>IT Requirements Hardware</b>	<b>Power</b>	<b>Communication</b>	<b>Space Req. sq. ft.</b>
<i>Operation Center</i>	8 Employees	2 Lockable 4 Drawer File Laserjet Printer with High Capacity	8 Comp 8 LAN Connections	110	8 Phones, long dist 4 800MHz Radios 1 Satellite Phone 1 Satellite Office Pac	800
<i>Administration</i>	2 Employees	1 Lockable 4 Drawer File	2 Comp. 2 LAN Connections	110	2 Phones, long dist	400
<i>Logistics</i>	2 Employees	1 Lockable 4 Drawer File	2 Comp2 LAN Connections	110	2 Phones, long dist	200
<i>SNS</i>	2 Employees	1 Lockable 4 Drawer File Laserjet Printer with High Capacity	2 Comp. 2 LAN Connections	110	2 Phones, long dist	200

<i>Legal</i>	1 Employees	1 Lockable 4 Drawer File	1 Comp1 LAN Connections	110	1 Phones, long dist	100
<i>Hospital</i>	2 Employees	1 Lockable 4 Drawer File	2 Comp. 2 LAN Connections	110	2 Phones, long dist	200
<i>IT</i>	2 Employees	1 Lockable 4 Drawer File	2 Comp. 2 LAN Connections	110	2 Phones, long dist	200
<i>Plans</i>	2 Employees	1 Lockable 4 Drawer File 1 shredder	2 Comp. 2 LAN Connections	110	2 Phones, long dist	200

## AGENCY ESSENTIAL FUNCTIONS

### TB, A-1

<p><b>TASK A. List All Agency Functions</b></p> <p>29. Examine agency legislative and regulatory mission.</p> <p>30. Review existing SOPs and EOPs.</p> <p>31. Talk to experts and former employees familiar with the agency.</p> <p>32. In the first column of the table below, list all agency functions identified.</p>	<p><b>TASK B. Identify Essential Functions</b></p> <p>29. Re-examine agency mission.</p> <p>30. Examine the services the agency provides to other agencies and the public.</p> <p>31. Identify supporting critical processes and services in Column 2.</p> <p>32. Indicate in Column 3 which functions are "essential" after considering their relationship to the agency mission and their supporting critical processes and services.</p>
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*The first two rows provide examples of essential and non-essential functions.*

All Functions	Supporting Critical Processes & Services	Essential Function	
		Yes	No
<i>TB Control Program</i>	<i>Providing Meds to TB Patients</i>	X	

## ESSENTIAL OPERATIONS AND KEY POSITIONS

### TB - B-1

With the information gathered in the six (Authority To Be Delegated Worksheet; Delegation Of Authority: Rules, Procedures and Limitations Worksheet; Current Organization Chart Worksheet; Consequences Resulting From A Past Or Existing Vacancy Worksheet; Key Positions By Questioning Worksheet; and Key Positions By Historical Evidence Worksheet) worksheets, identify key positions for each essential function in the agency. The first row provides an example.

Essential Operations	Key Positions
TB	Controller/Director Administrative Assistant Regional TB Nurse Consultants Medical Consultant

## KEY POSITIONS BY QUESTIONING

TB, C-1

For this task, ask agency personnel about their positions and management what they regard as key positions within the agency. Complete the table, identifying the positions (preferably not individuals) that are critical to agency operations and the problems the agency may face if the position was vacant.

Position	Problems Faced If Vacant
<p>TB Controller/Director</p>	<p>Assures continuity of program objectives. Oversight of program goals, direct reporting to ISDH Assistant Commissioner and CDC.</p>
<p>Regional TB Nurse Consultants</p>	<p>Provide direct guidance and oversight to LHD, ORW and private physicians for active TB patients on medications.</p>
<p>TB Administrative Assistant</p>	<p>Database maintenance, faxes TB medicine orders to PCA, Knowledgeable about all aspects of ordering &amp; distribution of TB drugs to local health departments</p>
<p>Medical Consultant</p>	<p>Provides medical consultation on all reported suspects and cases of TB to ISDH. Reviews treatment plan to ensure that all patients are treated in accordance with CDC guidelines.</p>

## AUTHORITY DELEGATION

TB, D-1

In this task, using the sample lines as a model, identify and describe the authority, and list those conditions that will trigger delegation of authority.

Authority	Position Holding Authority	Triggering Conditions
Conduct TB Control Program off site, e.g., home, hotel, or alternate office site.	TB Controller/Director	When conditions make coming to or remaining in the office unsafe for staff and customers.
Submit TB medication requests to PCA for distribution to LHDs.	TB Controller/Director	When conditions make coming to or remaining in the office unsafe for staff and customers.

## ORDER OF SUCCESSION

TB, E-1

Complete a worksheet for each essential function. In the first column below, list the key positions identified in the Worksheet, Essential Functions and Key Positions. Then in the remaining columns, list the positions that would assume the authority of the key position if it became vacant unexpectedly, i.e., illness, injury, special assignment, termination of employment, etc. Consider the qualifications necessary to perform in the key position and the qualifications of the successor positions, as well as organizational and geographical proximity. The same successors may be named for different key positions, but avoid designating the same position / person as the first successor to several key positions.

**ESSENTIAL FUNCTION:** TB Control

Key Position	Successor 1	Successor 2	Successor 3	Successor 4
TB Controller/Director (Sarah Burkholder)	CDC Public Health Advisor (Shameer Poonja)	Northeastern TB Nurse Consultant (Joy Hardacre)	Southern TB Nurse Consultant (Barbara Weber-White)	Loren Robertson

TB,  
H-1

Complete a separate worksheet for each essential function. Begin by listing critical processes and services that support that function in the first column. Next, determine the personnel needed to perform that service; and in the last column, list all records, equipment, and systems needed to make that essential function operable.

<b>ESSENTIAL FUNCTION:</b>		<b>TB Control</b>		
<b>Critical Processes / Resources</b>	<b>Personnel</b>	<b>Records</b>	<b>Equipment and Systems</b>	
Check case suspect database for prior TB drug order Check lab database for possible resistance to drugs Process request for drugs Fax order to PCA	TB Controller/Director, TB Nurse Consultants & staff at PCA	TB Suspect/Case Report or TB LTBI Report TB Drug Order Form	Desktop/laptop, printers, fax machines, phones, Access databases – Case/Suspect and Lab database on R Directory of ISDH servers,	

**REQUIREMENTS FOR ALTERNATE FACILITY  
TB I-1**

For this task, identify the requirements for the alternate work site by essential function. Requirements include Number of personnel, special needs, IT requirements, power, communication, and floor space. The examples given in the following table is a general guide for the type of information that should be provided.

<b>Essential Function</b>	<b># Personnel</b>	<b>Special Needs</b>	<b>IT Requirements Hardware</b>	<b>Power</b>	<b>Communication</b>	<b>Space Req. sq. ft.</b>
TB Administrative	2	4 drawer locked file cabinet	2 computers 2 LAN connections Shared Printer listed in Special needs	110	2 phones, long distance	200
TB Operations	3 Employees	Fax machine Laserjet printer Copy capabilities	3 computers, 3 LAN connections	110	3 phones, long distance	3000

### ***Critical Incident Stress Management Coordination***

Occasionally an incident, such as an employee death, accident, burglary or workplace violence, occurs that affects employees' sense of safety and well-being. Anthem EAP is just a phone call away to recommend response options and consult on additional appropriate assistance.

In the case of a devastating incident that negatively affects the entire work force and/or community, Anthem EAP provides specialized consultation to determine the most appropriate response to help assure effective outcomes. We can send trained counselors and professional facilitators on-site for direct intervention and assistance for a critical incident stress debriefing (CISD). Anthem EAP can coordinate the necessary resources to help stabilize your work force and provide crisis counseling as appropriate.



## **Organizational planning for Crisis Management**

### **Critical Incident Intervention vs. Crisis Intervention**

As an organization consideration developing a critical incident response plan, it is important to understand the difference between critical incident intervention and crisis intervention.

Crisis intervention is modeled after a typical triage approach to problem resolution. The model assesses the extent of a problem and provides an appropriate level of intervention. The model's goal is to return the client to pre-incident normalcy as quickly as possible. The limitation with the crisis intervention model as a method for critical incident intervention is that the triage approach will support the sublimation of feelings and the possible removal of the client from the work or site area, which can impede the resolution process. Sublimation of a person's feelings is a process where negative feelings related to an incident are "pushed down" and out of the conscious awareness. If the victim is not visibly experiencing a noticeable level of trauma the person may not receive any services, while a base line of the critical incident model is that all people involved with the incident as appropriate for intervention services. The premise is that by participating in the debriefing services immediately following the incident that potential delayed stress reactions will be averted at a later date.

The triage approach assesses survivors based on the severity of their response to the trauma. Those persons not presenting serious symptoms may be ignored for intervention services, while the critical incident model actively encourages the inclusion of all employees connected with the incident site.

The critical incident model addresses the incident immediately at the work site. Clinical data is beginning to demonstrate that if survivors are unable to address their responses to the incident within the first thirty-six hours, then crisis intervention services may be required at a later time.

With appropriate intervention, the survivor will be able to resolve the trauma associated with the incident and the need for crisis intervention or other therapeutic services will decrease in the future.

### **Pre-Incident Planning**

In order to provide the most comprehensive critical incident service, it is advisable to develop an emergency response plan that will provide the best training to the employee population of the corporation. Such a "Disaster Response Plan" should incorporate the following:

1. Provide guidelines on how the corporation will respond to the emotional impact that a critical incident has on the survivors, their families, peer employees, rescue personnel, and the community.
2. Outline the steps the accident response team will take in order to ensure that the emotional impact of the incident is adequately addressed during and following the incident response.
3. Include provisions for the response team to be on-site within two hours of the incident. With a two-hour response, the debriefing staff is able to intervene with survivors before their psychological defense systems resolidify. This enables the survivors an opportunity to reduce the influence of the trauma immediately following the incident.

4. Provide training specific to the reactions that employees/survivors may experience if they are involved in a critical incident. The intent of the training is to impact of a critical incident. This type of training is appropriate for a safety meeting and provides a foundation for any necessary future interventions.

Additional factors to be considered in a Disaster Response Plan are: the organization's response, which will depend on the type, size, and severity of the incident, the role of the Employee Assistance Program in the debriefing activity; and the consideration of whether or not all survivors will be automatically covered by Worker's Compensation for the first year following the incident.

### **Critical Incident Response Protocol**

The proper response to an incident is provided in the following seven stages:

#### CRITICAL INCIDENT RESPONSE PROTOCOL

Stage 1: Decompression

Stage 2: Meet with local management

Stage 3: Mandatory group debriefing

Stage 4: Mandatory/Voluntary Group/Individual debriefing

Stage 5: Voluntary/Mandatory Individual/Group debriefing

Stage 6: Exit Meeting with management

Stage 7: Triage Checkups Individual and Organization

A close-up, profile view of a person wearing a blue surgical cap and a white surgical mask. The person's eyes are visible above the mask, looking towards the right. The background is a light blue map with various lines and text, suggesting a geographical or medical context. The overall color palette is dominated by light blues and whites.

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# **Pandemic Flu Preparedness**

Tips and Resources for  
Managers and Employees

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# **Pandemic Flu Preparedness: Tips and Resources for Managers and Employees**

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## Introduction

This collection of tips and resources was developed to help managers sift through the voluminous—and certainly anxiety-provoking—material on pandemic influenza and business preparedness. Enclosed are tip sheets, resources, and checklists that bring the core issues into focus and present useful information designed to get managers and employees thinking ahead about steps they can take to prepare, both mentally and practically, for a possible flu emergency.

### How Can I Use These Materials?

- Read the first two pieces, Basic Facts About Influenza and Flu Emergency Preparedness for Managers for a basic understanding of what a flu emergency or pandemic would mean for organizations and individuals, as well as issues you must consider in planning.
- Disseminate the materials among your colleagues and workforce members as desired.
- Visit the “Go-to” websites mentioned in the section on Influenza and Pandemic Preparedness “Go-to” Organizations for more in-depth planning materials and information, especially the following site for business planning checklists: <http://www.pandemicflu.gov/plan/workplaceplanning/businesschecklist.html>.



## Basic Facts About Influenza

NOTE: This information is valid as of November, 2008. However, in the event of a pandemic, you will need to stay informed of changes and developments. See the list of expert organizations you can contact for up-to-date information in the section entitled Influenza and Pandemic Preparedness "Go-to" Organizations.

### Influenza Basics

#### Flu Terms Defined

*Seasonal (or common) flu* is a respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available.

*Avian (or bird) flu* is caused by influenza viruses that occur naturally among wild birds. Low pathogenic avian flu is common in birds and causes few problems. Highly pathogenic H5N1 is deadly to domestic fowl, can be transmitted from birds to humans, and is deadly to humans. (Most human cases are believed to be the result of direct contact with infected poultry or contaminated surfaces.) There is virtually no human immunity and human vaccine availability is very limited.

*Pandemic flu* is a virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Pandemic flu has occurred in the past (for instance, in the early 20th century), but currently, there are no signs of pandemic flu.

#### **Will the seasonal flu shot protect me against pandemic influenza?**

No, but flu shots can help you to stay healthy. Get a flu shot to help protect yourself from seasonal flu.

**Basic hygiene will be essential.** Be prepared to help those at home and at work to practice good hygiene all the time. See the sections entitled Stopping the Spread of Germs at Work and at Home, Pandemic Preparedness: Supplies for an Extended Stay at Home, and Hygiene Poster.

#### **Additional prevention measures include:**

- Get a pneumonia shot to prevent secondary infection if you are over the age of 65 or have a chronic illness such as diabetes or asthma. For specific guidelines, talk to your health care provider or call the Centers for Disease Control and Prevention (CDC) Hotline at 1-800-232-4636.
- Make sure that your family's immunizations are up-to-date.



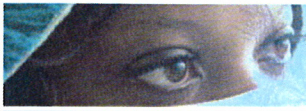
## Basic Facts About Influenza

### What Types of Issues May Arise in a Pandemic?

#### **Pandemic influenza is different from other public health emergencies or community disasters:**

- Influenza pandemics are expected but arrive with very little warning. A pandemic will last much longer than most flu outbreaks and may include “waves” of influenza that last 6-8 weeks separated by months. The effect of pandemic influenza on individual communities will be relatively prolonged (weeks to months) in comparison to disasters of shorter duration.
- Outbreaks can be expected to occur simultaneously throughout much of the U.S., preventing sharing of resources that usually occur in response to other disasters. Localities should be prepared to rely on their own resources to respond.
- Public health officials will not know how severe a pandemic will be until it begins.
- Because of widespread susceptibility to a pandemic influenza strain, the number of persons affected will be high.
- Health care workers and other first responders will be at higher risk of exposure and illness than the general population, further straining the health care system. (See Rewarding Workers During and After a Pandemic.)
- Effective preventive and therapeutic measures, including vaccine and antiviral agents, are likely to be delayed and in short supply.

**It is important to think about health issues that could arise** if an influenza pandemic occurs, and how they could affect you and your loved ones. For example, if a mass vaccination clinic is set up in your community, you may need to provide as much information as you can about your medical history when you go, especially if you have a serious health condition or allergy. Fill in a Family Emergency Health Information Sheet using the form available at: [www.pandemicflu.gov/plan/individual/familyhealthinfo.html](http://www.pandemicflu.gov/plan/individual/familyhealthinfo.html)



## Basic Facts About Influenza

**Social disruption may be widespread.** Plan for the possibility that usual services may be disrupted. These could include services provided by hospitals and other health care facilities, banks, stores, restaurants, government offices, and post offices. Transportation systems and basic services, such as water, power, gas, and telecommunications may be limited or interrupted.

**Consider how to care for people with special needs** in case the services they rely on are not available. Plan for how you will care for loved ones, possibly in your home.

- Talk with your relatives' elder care facilities and/or service organizations about their pandemic preparedness plans.
- Call your Work/Life program for tips on preparing for caring for an adult loved one at home. (See Older Adult Needs During a Pandemic piece.)

**Schools may be closed for an extended period of time.** Plan home learning activities and exercises. Have books and learning materials on hand. Also plan recreational activities that your children can do at home (make sure you have extra supplies as listed in the section entitled Pandemic Preparedness: Supplies for an Extended Stay at Home).

- Call your Work/Life program for ideas.
- Talk with school administrators and your parent-teacher organization about your school's plans, and discuss how you can work together to help provide support for at-home learning (e.g., web-based and email-based education, and educational resources on the Internet).

**Being able to work may be difficult or impossible.** Find out if you can work from home. Plan for the possible reduction or loss of income if you are unable to work or your place of employment is closed. Check with your employer or union about leave policies.

Sources: Adapted from the U.S. Department of Health and Human Services and [www.pandemicflu.gov](http://www.pandemicflu.gov)





## Flu Emergency Preparedness for Managers

You may feel overwhelmed by the thought of planning for a flu emergency—be it avian or some other strain, regional outbreaks or a full-on pandemic—and you are not alone. According to recent polls on corporate flu preparedness, many respondents feel that there isn't much they can do to prepare, and, unsurprisingly, many companies have not yet developed plans.

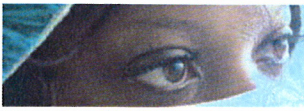
But don't despair: below are points to consider that, at the very least, will get you started in planning to protect employees' health and get your company prepared for doing business during a flu emergency.

**Start Planning Now.** Existing crisis plans are a good start, but are not enough to cover the specific issues that will arise during a pandemic. Start reviewing your organization's plan NOW and get your team together. Be sure to include members from Human Resources, Operations, Business Continuity, IT, Employee Health, Security, Communications, and any other critical leadership sectors. Use the planning checklists from [www.pandemicflu.gov](http://www.pandemicflu.gov) to guide you in upgrading your existing plan to cover a flu emergency (see Business Pandemic Influenza Planning Checklist in the Appendix).

**Communicate with Employees.** Reassure your workforce that you are making plans that include efforts to prevent the spread of illness and that take their needs, as well as the organization's, into account. Provide access to expert flu information to minimize misunderstandings (see Influenza and Pandemic Preparedness "Go-to" Organizations in the Appendix).

**Plan for High Absenteeism.** The federal government says to expect absenteeism up to 40% during a severe pandemic. Remember that employees may be kept home—quite possibly for extended periods—due to illness, grief, fear, quarantine, and school closure, as well as lack of transportation, child care, and elder care. Plan for business continuation with a significantly reduced workforce. Consider how your absenteeism policies and disability benefits will affect employees who have used up their time off.

**Consider Alternative Work Arrangements** including employees working from home and/or in shifts, and, for manufacturing or other work that cannot be done remotely, plans that prevent the spread of illness. Keep in mind that creative work arrangements require solid communications strategies to keep information loops intact and to shore up your leadership and decision-making networks.



## Flu Emergency Preparedness for Managers

**Plan for Telecommunications and Technology Modifications** that support a dispersed workforce. This includes insuring that employees who would be working from home have the hardware, software, and Internet services they need as well as information for logging-in remotely. Considerations for interruptions in power and other services should also be part of your plan.

**Think About How to Keep People Healthy.** Focus on three fundamentals:

1. Encouraging hygiene and specific workplace cleaning practices: Consider basic hygiene practices, such as using foot-pedal waste baskets and minimizing shared workspace, kitchen, and bathroom items. Also think about stockpiling certain cleaning supplies and providing hand sanitizer, and, if needed, latex gloves and N95 masks. (See Stopping the Spread of Germs at Work and at Home, and the Hygiene Poster in the Appendix.)
2. Sending sick employees home: develop clear policies and prepare to enforce them.
3. Modifying work arrangements to minimize contact and exposure.

Also investigate whether your heating and air conditioning systems should be turned off in the event of a flu emergency.

**Consider Multinational Issues.** Global companies need to think about issues such as dealing with foreign responses to an outbreak or pandemic (some countries will be better prepared than others to protect health and safety), whether to bring expatriates home (timing will be critical), and curtailing travel (in the case of a pandemic this will not be a matter of choice). Also, company policies will have to take into account the laws of the countries in which they are located.

**Communicate with Your Vendors.** They will be facing the same challenges as your organization and you need to know how they plan to continue serving their customers in the event of a pandemic.

**Remember** that your organization will still be obligated to observe employment and other laws and union relationships. Look into each area where your company will need to fulfill its legal and regulatory obligations as an employer. Consider that, in the event of a serious flu threat, there may be additional laws at all levels of government—both domestic and international—that will have to be observed.



## Flu Emergency Preparedness for Managers

**Speak with Your EAP Account Manager** for support with pandemic preparedness planning. We encourage you to consult with your EAP Account Manager to review your business continuity needs. Some examples of how your EAP Account Manager can help include the following:

- Advising management in developing suitable leadership strategies so managers are prepared if an outbreak occurs
- Partnering with Human Resources to create communications that convey the company's objectives for an influenza response
- Sharing trends and best practices regarding emergency preparedness in your industry and other industries
- Briefing you on EAP's preparedness measures
- Providing support and validation to Human Resources for their efforts, with recognition that the entire organization will be looking to them for guidance during a very challenging time (see the following section entitled Rewarding Workers During a Pandemic)
- Assisting Human Resources with setting employee expectations in terms of the realistic availability of Work/Life and Employee Assistance Program services in the event of a pandemic or flu emergency (e.g., utilizing phone counseling instead of face-to-face counseling, coping with limited or no dependent care or other community services)
- Continuing to be your strategic partner and consultant during an emergency and helping you to support your workforce by providing guidance and helpful information



## Minimizing Fear and Anxiety

As a manager, you have an important role to play in helping your organization and its employees keep a rational perspective about the threat of a possible influenza pandemic. Needless to say, the thought of this prospect is bound to trigger some fear and anxiety in most people. An alternate reaction may be total denial about the issue. By promoting correct information and planning ahead, you can actually reduce anxiety and help your organization, its members, and their loved ones.

Below are some tips for managers, as well as messages for employees, which you can disseminate or post.

### Tips for Managers

Communicate with employees:

- Reassure your workforce that you are making plans that include efforts to prevent the spread of illness and that will take their needs, as well as the organization's needs, into account.
- Provide access to expert flu information (see the list of "Go-to" resources) to minimize misunderstandings.

PREPARE YOURSELF at work and at home. If you feel better prepared, you will feel calmer and be better able to assist others in planning ahead.

### Tips for Employees

- Familiarize yourself with expert pandemic preparedness information from the sources listed on page 28.



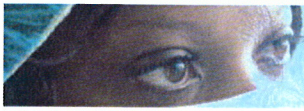
## Minimizing Fear and Anxiety

- It may seem overwhelming at first, but being prepared can actually reduce anxiety.
- Knowing where to turn for reliable, up-to-date information can make you feel more in control and less fearful.

### Get Prepared at Home:

- Use the section entitled Pandemic Preparedness: Supplies for an Extended Stay at Home to help you get prepared—not only for a possible influenza emergency, but for other types of emergencies as well.
- Talk with your children's schools or child care centers, and your adult loved ones' caregivers, service organizations, or residential facilities about what they are doing to prepare. Discuss how you can work together to prepare.
- Many people find that getting prepared is a constructive way of focusing their fears or anxious feelings about a threat.
- Feeling powerless ultimately feeds anxiety. Feeling empowered can help ease anxiety and stress.
- Read the information on Limiting Exposure to News (page 17).

Use Stress Reduction Techniques.



## Rewarding Workers During and After a Pandemic

During a pandemic, some employees will be called upon or will volunteer to be leaders, helpers, and rescuers. The American public has seen individuals go above and beyond the call of duty on September 11th, throughout Hurricane Katrina, and during various other emergencies. It is important to keep in mind that there are many issues employees who continue to work may need to address, such as the following:

- Illness and death among colleagues and family members
- Fear of contagion and/or of transmitting disease to others
- Shock, numbness, confusion, or disbelief; extreme sadness, grief, anger, or guilt; exhaustion; frustration
- Sense of ineffectiveness and powerlessness
- Difficulty maintaining self-care activities (e.g., getting sufficient rest)
- Prolonged separation from family
- Concern about children and other family members
- Constant stress and pressure to keep performing
- Domestic pressures
- Stress of working under quarantine restrictions

How can organizations acknowledge, reward, and/or compensate these workers? Sometimes it's the little things that make the most difference:

- Extra vacation days to be taken once the pandemic is over
- Flextime (late-arrival or early-departure days)
- Free massages
- Complimentary breakfasts/lunches at the office
- Group activities such as bowling or going to see a show (to occur when it is safe to be in public places)
- Writing a "thank you" letter to the workers for your company newsletter, with a copy in their personnel file
- Bonuses

For more information, go to <http://www.pandemicflu.gov>.



## Stopping the Spread of Germs at Work and at Home

### How Germs Spread

Illnesses like the flu and colds are caused by viruses that infect the nose, throat, and lungs. Flu and cold viruses usually spread from person to person when an infected person coughs or sneezes.

### How to Help Stop the Spread of Germs

- Cover your mouth and nose when you sneeze or cough.
- Cough or sneeze into a tissue and then throw it away. Cover your mouth with your upper sleeve if you do not have a tissue, then clean your hands after you cough or sneeze.
- Clean your hands often.
- Wash your hands with soap and warm water: rub your hands vigorously together and scrub all surfaces. Wash for 15 to 20 seconds. It is the soap combined with the scrubbing action that helps dislodge and remove germs.
- When soap and water are not available, alcohol-based disposable hand wipes or gel hand sanitizers may be used. You can find them in most supermarkets and drugstores. If using a gel, rub the gel in your hands until they are dry. The gel doesn't need water to work; the alcohol in the gel kills germs that cause colds and the flu.
- Avoid touching your eyes, nose, or mouth.
- Germs are often spread when people touch something that is contaminated with germs and then touch their eyes, nose, or mouth. Germs can live for a long time (some can survive for two hours or more) on surfaces like doorknobs, desks, and tables.
- When you are sick or have flu symptoms, stay home, get plenty of rest, and check with a health care provider as needed. Your employer may require a doctor's note for an extended absence.

**Remember: Keeping your distance from others may protect them from getting sick.**



## Stopping the Spread of Germs at Work and at Home

Common symptoms of the flu include:

- Fever, often around 102 degrees as per the website mentioned at the bottom of the page
- Headache
- Extreme tiredness
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle aches
- Nausea, vomiting, and diarrhea (much more common among children than adults)

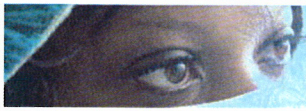
### Teaching Children About Hygiene

Be role models for your children, and teach them to:

- Wash hands frequently with soap and water
- Cover coughs and sneezes with tissues and to wash their hands after every cough or sneeze
- Stay away from others as much as possible if they are sick. Stay home from work and/or school if sick

Sources: Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services and [www.ucsfhealth.org/childrens/edu.l](http://www.ucsfhealth.org/childrens/edu.l)





## Working from Home: Making the Most of “Plan B”

Working remotely from a home-based office can be a challenge if it is not your regular “M.O.,” especially if you add on the significant stressors and potential infrastructure breakdowns that may come with a flu emergency. But in the event of a pandemic, situations such as school closures, quarantines, lack of dependent care, family illness, limited transportation, and workplace measures to reduce person-to-person exposure, may force employers and employees alike to rely on teleworking as part of a business continuation plan. It won’t be “business as usual,” so here are some tips to consider.

### Dependent Care Concerns: When the Care You Depend on Isn’t There

First, everyone recognizes that normal teleworking is not a substitute for child care or elder care. We all (should) know that caregiving is its own job, and that it is not possible to devote your full attention to work if you are busy taking care of others. That said, you and your employer will need to set realistic expectations if you are in an emergency situation where schools are closed and child care and/or adult care are not available, very difficult to find, or carry health risks. Your employer will need to be kept informed of the reality of your situation, and you will need to be honest with yourself about the family demands that have been placed on you during a crisis. Consider these pointers:

- If you are called upon to work from home even if your children are present, be sure to have extra “entertainment” supplies at home (see the sections entitled Pandemic Preparedness: Supplies for an Extended Stay at Home and Pandemic and Your Family).
- Keep in mind that children may be more “needy” than usual: a flu crisis will take its toll on everyone’s psyche and emotions, and children will need extra reassurance and attention. And be sure to read the section on Limiting Exposure to News. For more on helping loved ones cope, see the section entitled Minimizing Fear and Anxiety.
- In the absence of a quarantine, you may be able to work out informal child or elder care (see Older Adult Needs During a Pandemic) arrangements with neighbors, friends or relatives, but any such plans will hinge on all involved parties being symptom-free and not exposed to others who are ill. And you will need to keep in mind that the very young and very old are at increased risk from influenza infection. For more information on influenza and infection control, see the sections entitled Basic Facts About Influenza and Stopping the Spread of Germs at Work and at Home.



### Teleworking Basics

**Establish a routine, and avoid overwork.** Once you start teleworking, you will have 24-hour access to work. You may be tempted to work longer hours. However, working too much can cause stress, and this will not help you stay healthy and grounded during a challenging time. Knowing when to stop is essential for effective performance. One way to get around overwork is to implement specific business hours. Set firm starting and stopping times, and communicate these to your manager and coworkers. At the office, there are routines that structure your time. If you work at home, it may help to establish your own routine so that you don't overwork.

**Establish goals.** Develop daily lists of goals and assignments. At the end of each day, go over the list and see how much you've accomplished.

#### **Plan in advance for “Plan B” teleworking:**

- List all of the tasks and upcoming work that you may need to perform remotely. It's helpful to start the list in advance so that you can arrange for all the resources you'll need at home.
- Assess your telecommunications services at home, as well as any computer hardware or software you may need. Be sure that you have all the information you need at home regarding logging-in to systems over the Internet. It may also help to have this, as well as other contact information for your organization, in hard copy at home.
- Remember that during a severe pandemic regular telecommunications services and power may be limited or interrupted, so be sure that you and your manager have worked out multiple communication channels.
- Be sure to have basic office supplies at home, as you may be forced to work using pen, paper, index cards, etc.

**Avoid distractions.** Although you will need to stay in touch with the news media for updates during any type of crisis, you may need to keep unnecessary distractions at bay. See the following section below, “Limiting Exposure to News.”

**Maintain regular communication with your manager.** As a teleworker, you'll need to keep your supervisor informed about your progress and any difficulty you encounter.



**Be accessible.** Stay in touch with the office and/or your “central command.” Set up a system so that you can be reached easily. Make sure that you stay informed about back-up communication protocols, and that you are “in the loop” so that you can remain abreast of any changes regarding your work team’s or manager’s plans.

### Limiting Exposure to News

In the event of a pandemic, television, radio, and the Internet will help you keep up to date. Watching/listening/surfing too much, however, can be disturbing and upsetting. And there is no need for younger children to be exposed to scary voices or visions. Be careful what they watch. Disturbing health warnings might be aired even during a harmless cartoon show.

### Know Your Source

If you and/or any members of your family do watch television, listen to the radio, or surf the web, avoid less-than-reputable sources. You need real news and advice, not sensationalized reporting. Reliable information can be found at the following:

- [www.pandemicflu.gov](http://www.pandemicflu.gov)
- World Health Organization at [www.who.int](http://www.who.int)
- Centers for Disease Control and Prevention (CDC):
  - o Hotline in English and Spanish: 1-800-CDC-INFO
  - o TTY: 1-888-232-6348
  - o Email questions to [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)
  - o Local state and government department sites for each state can be found at [www.cdc.gov/other.htm#states](http://www.cdc.gov/other.htm#states)

### Watch Together

If you do watch television with your child(ren), or if they read the news, or go on the computer, be there to help explain and/or calm them if necessary.



### Supplies for an Extended Stay at Home

During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have at least a two-week supply of water and food on hand. Some items, such as N95 masks, may become scarce, even in advance of an actual pandemic. During a severe pandemic there may be power outages and interruptions in other basic services such as gas and water.

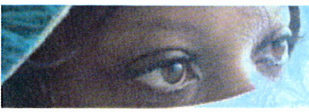
#### Water

- Store one gallon of water per person per day (two quarts for drinking, two quarts for food preparation/sanitation).
- Store water in plastic containers such as soft drink bottles. Do not use juice or milk containers as they may harbor bacteria even after being washed.

#### Food

Store at least a two-week supply of non-perishable food. In addition, you may not be able to cook if you are ill. Select foods that require no refrigeration, minimal preparation or cooking, and little or no water. Try to avoid very salty foods, as they will increase thirst. Include a selection of the following in your home:

- Vitamins
- Foods for infants, elderly persons, or persons on special diets
- Ready-to-eat canned meats, fish, beans, fruits, and vegetables
- Canned juices, milk, soup (if powdered, store extra water)
- Staples: sugar, salt, pepper
- High-energy foods: peanut butter, jelly, nuts, trail mix, dried fruits, protein bars, fruit bars
- Dry cereals, crackers, granola bars, pasta
- Comfort/stress foods (remember to limit these and maintain a healthy diet): cookies, hard candy, sweetened cereals, lollipops, instant coffee, tea bags
- Pet food



### Tools and Supplies

- Paper cups, plates, and plastic utensils
- Battery-operated radio and extra batteries
- Flashlight and extra batteries
- Cash
- Non-electric can openers (2)
- First-aid manual and home-based flu care guidelines

### Hygiene and Sanitation

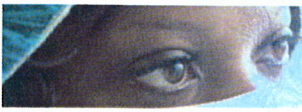
- Toilet paper, towelettes
- Tissues
- Soap and alcohol-based (60%-95%) hand wash
- Liquid detergent
- Plastic garbage bags, ties (for personal sanitation uses)
- Paper towels
- Plastic bucket
- Disinfectant and disinfectant wipes (for phones and surfaces)
- Household chlorine bleach
- Latex gloves and N95 masks (which filter out 95% of particles)

### Special Items

Note: all prescription and over-the-counter drugs must be kept up-to-date.

### For Babies/Small Children

- Formula and baby food
- Diapers, wipes, and ointment
- Pacifiers



## Pandemic Preparedness

- Extra bottles and bottle brushes
- Powdered milk/long shelf-life milk
- Infants' or children's pain reliever/fever reducer (acetaminophen and/or ibuprofen)
- Children's antidiarrhea medication
- Pediatric electrolyte-replacement fluids
- Thermometer

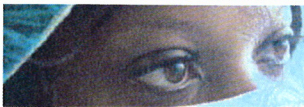
### For Adults

- Essential prescription medications
- Prescribed medical supplies such as glucose and blood-pressure monitoring equipment
- Basic toiletries
- Tampons/pads
- Pain reliever/fever reducer (acetaminophen and/or ibuprofen)
- Antidiarrhea medication
- Fluids with electrolytes
- Thermometer
- Contact lens supplies

### Entertainment and Education

You may be home for a long time—a very long time. See the following section entitled *Pandemic and Your Family* for ideas on how to cope with children of various ages during an extended stay at home.

Sources: Adapted from Federal Emergency Management Agency (FEMA) and U.S. Department of Health and Human Services



## Pandemic and Your Family

In the event of a pandemic, the best advice is, “be prepared.” If you and your child(ren) are unable to leave home for any length of time, however, being prepared will mean more than just stocking up on water and food. It also means staying safe, staying healthy, and staying together.

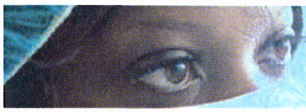
### A Different Kind of Prepared

In the Pandemic Preparedness section, all emergency items are listed. If you have child(ren), you’ll also want to keep them happy and occupied. Here are some ideas:

- Keep a special box of toys, games, and crafts for use in the case of an emergency.
- Buy inexpensive fun items—and time fillers—at thrift stores and garage sales.
- Stock up on 25- or 50-cent vending machine “treasures” (make sure they are safe for children the age of your child).
- Coloring books, crayons, and colored pencils are good even for older children.
- Let your child blow off steam and get some exercise running around playing catch with a squishy Nerf ball.
- Older kids are into video and computer games. If you have electricity, letting them play longer than usual may keep you all less frustrated.
- If there’s no electricity, or if you just want to do something together, playing an old-fashioned board game like Monopoly or Scrabble can be very bonding and special.
- Give each child a notebook to start a journal or diary. Writing about what’s going on can be good therapy for an anxious older child.
- Art supplies will help a bored child and may also be therapeutic.
- Now might be a good time to teach your child how to knit or read music notes. Share what you know and love.

### Explain What You Can

Help kids understand why they can’t go out and play. Just saying “no” will make them angry or upset. But keep the explanations as simple—and age-appropriate—as possible.



## Pandemic and Your Family

- For younger kids: “Remember when Billy couldn’t come to your birthday party because he was sick? Well, some people aren’t feeling well now and we’re going to stay inside for a while so we can stay healthy.”
- For kids 6-11: Kids this age are savvy and may know what’s going on even if you don’t want them to. Don’t lie, because it will make you lose credibility in their eyes, but tell them only what you know, being as reassuring as possible. “A lot of people are sick, and we’re staying inside to keep from getting sick too. I don’t know how long this will take, but we’re doing okay and we’re together.”
- Preteen and teenage children will want to know what’s going on. Even at this age, though, be careful about exposing them to alarming and upsetting news on the radio or television. If they want to watch the news, watch with them to answer any questions and alleviate their fears. Also, children will likely be talking with friends on the phone. Such conversations could be upsetting—particularly if someone in a friend’s family is ill. Encourage your child to talk with you if someone says anything distressing during a phone call or if your child hears disturbing rumors.

### Stay Healthy!

It’s been said before but it’s very important and worth repeating! Limit the spread of germs by frequently washing your hands—and your children’s hands—with soap and water. When you sneeze, cover your mouth and nose with a tissue, or cough or sneeze into your upper sleeve. When your infant sneezes, do your best to duck! Immediately throw away used tissues.

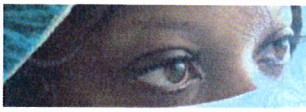
### Maintain a Regular Schedule

As much as possible, live life normally within the confines of your home. School-age children can continue working on school reports or reading assignments. If phones and computers are working and you have remote access to your job, keep in touch with coworkers. Let the kids talk to their friends on the phone or via the Internet.

### Staying Up to Date

The more prepared you are, the less worried you may be, and the better able to care for your young child(ren). If/when you can, listen to the radio or watch the news on television, but there’s no need for your young child to be exposed to upsetting content. Be careful whenever children watch TV—scary





## Pandemic and Your Family

health warnings might be aired even during a harmless cartoon show.

### Respect One Another

If you're not used to being home together for long periods, your dwelling may seem very small. Give each other privacy. Don't barge into your child's room without knocking. If one kid wants to read and the other wants to play music, take half-hour turns doing each.

Each person in the family may have a different reaction to a pandemic, from disbelief to fear to shock. Now is the time to band together to help each other come out positively on the other side.

### Be Positive and Creative

It won't be easy to be positive. As the grown-up in charge, you may be more scared or bored or weary than your child, but you are in charge. In the event of a pandemic, normal rules may not apply. Cereal out of the box is a meal if no one wants to cook. If you have electricity and some good family DVDs, sitting and watching a few comedies together may make you all feel better. Is there a plain white wall in your child(ren)'s room? Let him or her draw or paint all over it, or tape up pictures from magazines. The room can be returned to normal later on, although who knows?—you might want to keep it as a memento of a not-very-pleasant time that you managed to make fun for your child(ren).

### For more information, go to

<http://agbiopubs.sdstate.edu/articles/ExEx13002.pdf>

<http://health.dailynewscentral.com/content/view/0001865/67/>

<http://kids.niehs.nih.gov/pandemic.htm>

[http://www.catastrophereadinessclearinghouse.org/myhome\\_parents.asp](http://www.catastrophereadinessclearinghouse.org/myhome_parents.asp)

[www.pandemicflu.gov/plan/individual/index.html](http://www.pandemicflu.gov/plan/individual/index.html) then go to Family Guide Checklist, and Information Sheets

[www.redcross.org/news/ds/panflu/takeaction.html](http://www.redcross.org/news/ds/panflu/takeaction.html)

<http://www.who.int/csr/disease/influenza/pandemic/en/>

<http://www.pandemicfluandyou.org/>



## Older Adult Needs During a Pandemic

In the event of a pandemic, it may be hard enough taking care of yourself and your family—how can you also help elderly parents or relatives who may live far away?

### In Advance

If your elderly parents live nearby, bring them bottled water, canned goods, and other heavy items that might be hard for them to carry. They'll also need batteries, flashlights, and extra prescription medications. Contact, or have them contact, their doctor and pharmacist to get an extra month or two of necessary medications.

If they live far away, try to get them to understand that they need to stock up on staples. If they need help, contact a friend or relative within driving distance. If no friend or relative is available, consider contacting a home care agency that can send someone to the grocery store, pharmacy, etc. Many older people may find it hard to accept that something drastic can happen. Don't scare them, just try to get them prepared.

### Keep in Touch

Whether your parents are close or far away, regular phone calls will make them feel more in touch with the world, and possibly less scared. A quick chat with a grandchild will do wonders to brighten up the day of housebound or facility-bound elders. If your older relatives have access to email, sending digital photos of you and your children engaged in fun activities at home can be a cheerful reminder that people can maintain a sense of normality even in trying circumstances. Keep in mind that older parents may be more worried about your health and the health of their grandchildren than they are about their own well-being.

### Get Help

If you don't live near your relative, find a neighbor who can look in on or call your relative daily. If someone lives across the street, he or she can check if lights are going on in the morning and out at night. If you can't get in touch with your loved one, you can call the neighbor.

### Help Out

Don't assume that an assisted living facility or nursing home is prepared for an emergency. Ask to meet with or speak to someone in charge at the facility. Suggest they get the checklist at: <http://www.pandemicflu.gov/plan/healthcare/healthcare.html>.



## Living Alone During a Pandemic

A pandemic is frightening, and if you live alone, it may even be scarier. Here are some ways to keep yourself from feeling too isolated as well as stay healthy.

### **In Advance**

Stock up on staples and emergency items. Have your favorite canned foods (don't forget a can opener), bottled drinks, and easily prepared items in stock. Make sure you have batteries, flashlights, a battery-operated radio, medicines (over-the-counter and prescription), vitamins, and other important items. You also might want to have some "comfort" foods on hand, such as ice cream, potato chips, and other snack foods.

### **If Phones Are Working**

Arrange to speak daily on the phone with a family member, friend, coworker, and/or neighbor. You'll feel less isolated and more in touch with the world.

### **Keep Busy**

Now's the time to get to the projects in your home that you never have time for. Write letters. Clean out a closet. Put photos in an album. Read. Play solitaire. It is very important to keep yourself healthy mentally.

### **Stay Healthy Physically!**

Start exercising. Eat as nutritiously as possible. Wash your hands frequently with soap and water. Immediately throw away used tissues.

### **Keep Up to Date**

The more information you have, the less worried you may be. Listen to the radio or watch the news on TV. But don't watch too much if you find it upsetting.



## Living Alone During a Pandemic


### **Be Positive and Creative**

It may not be easy to be positive, but it's important. When the pandemic is over, most of life will return to some form of normal. Keep yourself ready. Being prepared, and taking care of yourself, will help you stay healthy and safe.

### **For more information, go to**

<http://www.pandemicflu.gov>

[http://www.slocounty.ca.gov/Assets/PH/Communicable+Disease/  
Pandemic+Influenza/comm\\_general.pdf](http://www.slocounty.ca.gov/Assets/PH/Communicable+Disease/Pandemic+Influenza/comm_general.pdf)



## Concerned about Influenza? Basic Hygiene is Essential

### Stop the Spread of Germs That Make You and Others Sick!

Serious respiratory infections like influenza—and other more common but dangerous illnesses—are spread by:


- Coughing or sneezing
- Unclean hands

To help stop the spread of germs:

- Cover your mouth and nose with a tissue when you cough or sneeze
- If you don't have a tissue, cough or sneeze into your upper sleeve, NOT your hands
- Put your used tissue in the waste basket

Clean your hands EVERY TIME after:

- Coughing or sneezing
- Blowing your nose
- Using the bathroom



**Wash with soap and hot water  
-OR-  
Clean with alcohol-based hand cleaner**



### **Family and Business Preparedness Information and Planning Checklists:**

Federal Pandemic Influenza Website

- <http://www.pandemicflu.gov>

State Departments of Public Health

- <http://www.cdc.gov/#states>

### **Influenza and Health Information**

The Centers for Disease Control and Prevention (CDC)

- <http://www.cdc.gov>
- Telephone hotline: 1-800-CDC-INFO (1-800-232-4636), English and Spanish, 24 hours a day, 7 days a week
- TTY: 1-888-232-6348
- Questions can be e-mailed to [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)

Pandemic Flu and You: Get Prepared <http://www.pandemicfluandyou.org/>

- Sponsored by the Trust for America’s Health and funded by the Robert Wood Johnson Foundation
- Get informational resources and tools to help with preparedness
- Sign up for a weekly e-newsletter to follow influenza and pandemic preparedness news worldwide

### **The World Health Organization (WHO)**

- [http://www.who.int/csr/disease/avian\\_influenza/en/index.html](http://www.who.int/csr/disease/avian_influenza/en/index.html)
- The WHO is charged with tracking avian flu in humans worldwide and monitoring global responses to it. The WHO is also the lead international organization monitoring the threat of an influenza pandemic.
- The site provides the latest updates on avian flu as well as many useful fact sheets and “FAQs.”

# BUSINESS PANDEMIC INFLUENZA PLANNING CHECKLIST



In the event of pandemic influenza, businesses will play a key role in protecting employees' health and safety as well as limiting the negative impact to the economy and society. Planning for pandemic influenza is critical. To assist you in your efforts, the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist for large businesses. It identifies important, specific activities large businesses can do now to prepare, many of which will also help you in other emergencies. Further information can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.cdc.gov/business](http://www.cdc.gov/business).

## 1.1 Plan for the impact of a pandemic on your business:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from labor representatives.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify essential employees and other critical inputs (e.g. raw materials, suppliers, sub-contractor services/ products, and logistics) required to maintain business operations by location and function during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Train and prepare ancillary workforce (e.g. contractors, employees in other job titles/descriptions, retirees).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and plan for scenarios likely to result in an increase or decrease in demand for your products and/or services during a pandemic (e.g. effect of restriction on mass gatherings, need for hygiene supplies).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine potential impact of a pandemic on company business financials using multiple possible scenarios that affect different product lines and/or production sites.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine potential impact of a pandemic on business-related domestic and international travel (e.g. quarantines, border closures).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Find up-to-date, reliable pandemic information from community public health, emergency management, and other sources and make sustainable links.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish an emergency communications plan and revise periodically. This plan includes identification of key contacts (with back-ups), chain of communications (including suppliers and customers), and processes for tracking and communicating business and employee status.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement an exercise/drill to test your plan, and revise periodically.

## 1.2 Plan for the impact of a pandemic on your employees and customers:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forecast and allow for employee absences during a pandemic due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures, and public transportation closures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement guidelines to modify the frequency and type of face-to-face contact (e.g. hand-shaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers (refer to CDC recommendations).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encourage and track annual influenza vaccination for employees.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate employee access to and availability of healthcare services during a pandemic, and improve services as needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate employee access to and availability of mental health and social services during a pandemic, including corporate, community, and faith-based resources, and improve services as needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify employees and key customers with special needs, and incorporate the requirements of such persons into your preparedness plan.

### 1.3 Establish policies to be implemented during a pandemic:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for preventing influenza spread at the worksite (e.g. promoting respiratory hygiene/ cough etiquette, and prompt exclusion of people with influenza symptoms).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for employees who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the worksite (e.g. infection control response, immediate mandatory sick leave).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for restricting travel to affected geographic areas (consider both domestic and international sites), evacuating employees working in or near an affected area when an outbreak begins, and guidance for employees returning from affected areas (refer to CDC travel recommendations).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up authorities, triggers, and procedures for activating and terminating the company's response plan, altering business operations (e.g. shutting down operations in affected areas), and transferring business knowledge to key employees.

### 1.4 Allocate resources to protect your employees and customers during a pandemic:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal) in all business locations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enhance communications and information technology infrastructures as needed to support employee telecommuting and remote customer access.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure availability of medical consultation and advice for emergency response.

### 1.5 Communicate to and educate your employees:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate employee fear and anxiety, rumors and misinformation and plan communications accordingly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that communications are culturally and linguistically appropriate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information to employees about your pandemic preparedness and response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide information for the at-home care of ill employees and family members.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 system.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify community sources for timely and accurate pandemic information (domestic and international) and resources for obtaining counter-measures (e.g. vaccines and antivirals).

### 1.6 Coordinate with external organizations and help your community:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collaborate with insurers, health plans, and major local healthcare facilities to share your pandemic plans and understand their capabilities and plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collaborate with federal, state, and local public health agencies and/or emergency responders to participate in their planning processes, share your pandemic plans, and understand their capabilities and plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicate with local and/or state public health agencies and/or emergency responders about the assets and/or services your business could contribute to the community.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share best practices with other businesses in your communities, chambers of commerce, and associations to improve community response efforts.





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Animal Bites  
Anthrax  
Babesiosis  
Brucellosis  
\*Chagas' Disease  
Dengue Fever  
Encephalitis—arthropod-borne and primary  
Ehrlichiosis  
Hantavirus Pulmonary Syndrome  
Leptospirosis  
Lyme Disease  
Malaria  
Plague  
Psittacosis  
Q-Fever  
Rabies—animal and human  
Rocky Mountain Spotted Fever  
Trichinosis  
Tularemia  
Typhus  
\*Toxoplasmosis  
Yellow Fever

**Jean Svendsen, RN, BS—Chief Nurse Consultant**

317-233-7825

[jsvendsen@isdh.in.gov](mailto:jsvendsen@isdh.in.gov)

\*Artificial Insemination Law  
Emergency Responder Law  
Hepatitis B/Hepatitis B pregnant women/perinatally exposed infant (surveillance: disease reports; case management of pregnant women and perinatally exposed infants handled by the ISDH Immunization Program)  
Hepatitis D  
Hepatitis, viral, unspecified  
\*Infection Control  
\*Infectious Waste Law  
\*Tattoo and Body Piercing Law  
\*Universal Precaution Law

**Wayne Staggs, MS—Antibiotic Resistance Epidemiologist**

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\**Clostridium difficile* infections  
\*Nocardiosis  
*Staphylococcus aureus* (including MRSA and vancomycin resistant)  
*Streptococcus pneumoniae* antibiotic resistance  
\*Vancomycin Resistant *Enterococcus* (VRE)

**Dana Hazen, RN, MPH—Invasive Disease Epidemiologist**

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[dhazen@isdh.in.gov](mailto:dhazen@isdh.in.gov)

\*Fifth's Disease (Parvovirus B-19)  
Hansen's Disease (Leprosy)  
\*ISDH Employee Health Policy Advisor  
Meningitis, Aseptic  
Meningococcal Invasive Disease  
\*Pediculosis (Lice)  
\*Scabies  
\*Scarlet Fever  
\*School Health Liaison  
*Streptococcus* Group A Invasive Disease  
*Streptococcus* Group B Invasive Disease  
Toxic Shock Syndrome

**Kristin Ryker, MPH—Vaccine Preventable Disease Epidemiologist**

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Diphtheria  
\*International Travel  
Invasive *Haemophilus influenzae*  
Invasive Pneumococcal Disease  
Measles  
Mumps  
Pertussis (whooping cough)  
Polio  
Rubella  
Rubella, congenital syndrome  
Smallpox  
Tetanus  
Varicella/shingles (hospitalization or death and sentinel reporting)

**Amie ThurdeKoos, MPH—Enteric Epidemiologist**

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\*Amebiasis  
Botulism  
Campylobacteriosis  
Cholera  
Cryptosporidiosis  
Cyclosporiasis  
*E. coli* infections  
Foodborne outbreaks  
\*Giardiasis  
Hemolytic Uremic Syndrome  
Hepatitis A  
Hepatitis E  
Listeriosis  
Salmonellosis  
Shigellosis  
Typhoid Fever  
\*Vibriosis  
\*Viral gastroenteritis  
Waterborne outbreaks  
Yersiniosis

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\*Community Acquired Pneumonia  
Cryptococcal infections  
Histoplasmosis  
\*Influenza Pandemic Planning  
\*Influenza Surveillance Coordinator  
Legionellosis  
\*Respiratory Syncytial Virus (RSV)

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Hepatitis C  
\*Website Content Coordinator

**Reportable disease surveillance addressed by other program areas:**

**HIV/AIDS:** HIV/STD Program, Terry Jackson, 317.233.5580

**Sexually Transmitted Diseases:**

HIV/STD Program, Dawne Rekas, 317.234.2871

**Tuberculosis:** Tina Feaster, 317.233.7548

**Pediatric venous lead  $\geq 10\mu\text{g/dl}$  in children  $\leq 6$  years of age:**

Childhood Lead Poisoning Prevention

David McCormick, 317.233.1293

**\*Disease/conditions not reportable**

11-10-2008

# Vaccine Adverse Event Reporting System (Enhanced) (VAERS)

## I. Indiana Immunization Program's Vaccine Adverse Event Reporting System

The Indiana Immunization Program supports the standard CDC/HHS/FDA Vaccine Adverse Events Reporting System (VAERS) for all vaccine related adverse events occurring within the state. This document includes proposed enhancements to the Indiana VAERS reporting system which establishes planning activities for more robust vaccine adverse events reporting system during pandemic influenza or other vaccine preventable disease epidemics.

### A. Background:

The Vaccine Adverse Event Reporting System (VAERS) is a national program that monitors the safety of vaccines after they are licensed. VAERS is managed by the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA). VAERS is part of a larger system that makes sure that vaccines are safe and work as intended. Steps to make sure that vaccines are safe begin before a vaccine is licensed and continue afterward. Before a vaccine is licensed, FDA requires that it go through extensive safety testing. After a vaccine is licensed, VAERS is used to watch for any problems, or "adverse events," that happen after vaccination. Even though careful and complete studies are done before a vaccine is licensed, rare side effects may not be found until a vaccine is given to millions of people with different backgrounds and medical histories. VAERS helps to make sure that the benefits of vaccines continue to be far greater than the risks.

There are things that VAERS cannot do. VAERS cannot prove that a vaccine either did cause or did not cause a problem. In fact, vaccines are not the cause of many of the problems reported to VAERS. Sometimes people who get vaccinated coincidentally will get sick from some other cause—they get a stomachache, cold, or flu—and it has nothing to do with the vaccine. Rarely, people who have been vaccinated will get unexpected reactions that are serious and should be reported to VAERS.

Even though VAERS cannot prove that a vaccine caused a problem, it can give FDA and CDC important information that might signal a problem. If it looks as though a vaccine might be causing a problem, FDA and CDC will investigate further. VAERS does not provide medical advice. For medical advice, patients must contact their health care provider.

### B. Who Can Report Adverse Events:

Anyone can report to VAERS. FDA and CDC encourage patients, parents, and others to report any significant problems experienced after vaccination, even if they are not certain that a vaccine caused them.

The Indiana VAERS program provides information to all state-provided vaccine providers to report any possible problems after vaccination. Specific information on reporting adverse events can be found at the [VAERS web site](#).

Better reporting helps keep vaccines safe for everyone who receives vaccinations. Each VAERS report provides valuable information that helps FDA and CDC make sure that vaccines are safe. The more accurate and complete the VAERS reports, the better the system work. No vaccine (or any medicine) is completely free of risk and some side effects are possible. The Indiana Immunization Program can assist health care providers and patients in completing the VAERS report form.

(Enhanced): Paper copies of the VAERS report form (Form VAERS -1(FDA) and a VAERS information sheet will be made available to all health departments and other public vaccine providers to provide to clinical staff and patients during local health department sponsored mass-vaccination clinics.

**C. Reportable Events:**

A report should be submitted after any serious problem that happens after receiving a vaccine, even if it is not clear that the vaccine caused the problem. It is especially important to report any problem that resulted in hospitalization, disability, or death. Health care providers are required by law to report certain problems. To get a list of these, please call 800-822-7967 or go to [www.vaers.hhs.gov/reportable.htm](http://www.vaers.hhs.gov/reportable.htm) or [www.hrsa.gov/osp/vicp/table.htm](http://www.hrsa.gov/osp/vicp/table.htm). If patients are not sure that a certain type of problem should be reported to VAERS, they should talk with their health care provider or the Indiana Immunization Program.

**D. How to Report Adverse Events:**

VAERS is a self-reporting system. Patients requiring assistance in completing the report form or who may have questions regarding any aspect of the VAERS reporting process may contact their health-care provider, local health department or the Indiana Immunization Program at 1-800-701-0704.

VAERS Reports may be submitted in the following ways:

- **Internet:**  
Report on-line or print the report form, and mail or fax the completed form to VAERS.
- **VAERS Hotline:**  
Report forms are available by calling 800-822-7967. Operators are on duty from 8:00 a.m. to 6:00 p.m., Eastern Standard Time.
- **Fax:**  
Fax the completed report form to 877-721-0366 (toll-free).

- Mail:  
Mail the completed report form to  
VAERS, P.O. Box 1100  
Rockville, MD, 20849-1100.
- E-mail:  
Send VAERS inquiries to [info@vaers.org](mailto:info@vaers.org)

(Enhanced) The ISDH Immunization Program will develop procedures and guidance to expand the existing VAERS self reporting system to provide state-wide adverse event reporting capability by providing detailed guidance and hard-copy reporting capability at mass vaccination clinic sites.

(Enhanced) The ISDH Immunization Program will develop procedures and guidance to expand the capacity of the existing VAERS reporting system to assist providers and patients with timely and accurate reporting of adverse events during pandemic or epidemics.

#### **C. Assistance:**

The Indiana Department of Health, Immunization Program's Assessment Epidemiologist is the primary lead for the VAERS program in Indiana. The Director of the Immunization Program will designate an alternate VAERS program lead if the Assessment Epidemiologist is not available.

Patients or clinical staff who have questions or need assistance may call the Indiana Immunization Program at 1-800-701-0704.

#### **D. Education and Outreach:**

General education on VAERS is ongoing:

- The ISDH, Immunization Program includes articles on VAERS and adverse event reporting in the Immunization E-Letter for publication at least twice each year.
- Current Activities:
  - On 12-19-2008, Issue #294, article titled, *VAERS – Vaccine Adverse Event Reporting System* was published. This article is one of a few select articles that are rotated in the E-letter on a routine basis.
- VAERS training and on-going education is provided to active VFC and State vaccine providers.
- Current Activities:
  - 2008 – The ISDH, Immunization Program's comprehensive A-Z immunization education program for medical providers, was presented 37 times across the state. This training included specific training and guidance on VAERS and adverse event reporting.
  - 2009 – At least 24 A-Z trainings are scheduled for the current year, with 7 already completed. A-Z trainings occur 3-4 times each month across the state.

- New Vaccines for Children (VFC) provider recruitment and orientations include specific training on VAERS reporting.
- (Enhanced) Education on VAERS will be developed to expand VAERS reporting and education to all medical providers within the state to specifically address VAERS reporting requirements during a pandemic.
- Additional training specific to adverse event reporting during pandemics and mass immunization clinics will be developed and incorporated into the existing training process during 2009.

**E. Exercises:**

(Enhanced) In-house drills and exercises will be developed and conducted at least two times each calendar year to test program capacity to monitor and strengthen individual or multiple VAERS reporting components for health departments and other providers. The Immunization Program will also participate in scheduled ISDH exercises.

**F. More Information:**

[Food and Drug Administration](#)

800-835-4709 or 301-827-1800;

For safety and effectiveness information on FDA-licensed vaccines.

[Centers for Disease Control and Prevention](#)

800-232-2522 (English) or 800-232-0233 (Spanish).

**VAERS**

[www.vaers.hhs.gov](http://www.vaers.hhs.gov)

P.O. Box 1100

Rockville, MD 20849-1100

Tel: 800-822-7967

Fax: 877-721-0366

[info@vaers.org](mailto:info@vaers.org)

**Indiana State Department of Health, Immunization Program**

<http://www.in.gov/isdh/17094.htm>


2 North Meridian Street

Indianapolis, Indiana 46204

1-800-701-0704

(317) 233-7004

[Immunize@isdh.in.gov](mailto:Immunize@isdh.in.gov)



# **County Mass Fatality Planning Services**

**County Field Guide for the Management  
of Dead Bodies During an  
Influenza Pandemic**

**June 1, 2008**

**Final Report**



Mitchell E. Daniels, Jr.  
Governor

Judith A. Monroe, M.D.  
State Health Commissioner

## Indiana State Department of Health

An Equal Opportunity Employer

May 30, 2008

To: Indiana Public Health Preparedness Providers

From: Judy Monroe, M.D., State Health Commissioner

The Indiana State Department of Health has taken an active role in preparation for a potential influenza pandemic. To that end, we have contracted with Health Care Excel to prepare the *County Field Guide for the Management of Dead Bodies During an Influenza Pandemic*. We are pleased to distribute this quality tool throughout the state to those in the health departments, funeral homes, coroners, EMAs, EMS, and hospital bioterrorism coordinators. I urge you to study the content of this Field Guide so that all health care responders have one resource from which to begin.

You also will be receiving information regarding training sessions to be held in various locations around the state. This will be a valuable time for you to not only gather more information, but to meet with others from your county and/or district. Members of the health departments and the county coroners are filling out needs assessments regarding the counties' preparedness for an influenza pandemic. The results of this needs assessment will be shared at the training session. The strong points of a county's preparedness plan will be identified as well as gaps yet to be filled. Statewide survey results also will be shared at these sessions. I strongly encourage you to attend the session nearest you.

Once again, thank you for taking time to read and study this Field Guide. As public health providers in the state, we are tasked with being prepared to whatever degree possible. It is my sincere belief that this document will lead us in that direction.

**Epidemiology Resource Center**  
2525 N. Shadeland Ave. Suite E3, Indianapolis, IN 46219  
317.356.7190 ext. 253

**Laboratories**  
550 West 16th Street, Suite B, Indianapolis, IN 46202  
317.921.5500

**Weights & Measures**  
2525 N. Shadeland Ave. Suite D3, Indianapolis, IN 46219  
317.356.7078 ext. 221



www.INSHAPE.IN.GOV • 800.433.0746

2 North Meridian Street • Indianapolis, IN 46204 • 317.233.1325 • TDD 317.233.5577 • [www.statehealth.in.gov](http://www.statehealth.in.gov)

The Indiana State Department of Health supports Indiana's economic prosperity and quality of life by promoting, protecting and providing for the health of Hoosiers in their communities.



**County Field Guide for the Management of Dead Bodies  
During An Influenza Pandemic**

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## **Introduction**

The vast majority of resources devoted to pandemic management will, and should be, devoted to care for the living. Nonetheless, appropriate and respectful treatment of influenza pandemic fatalities is a moral necessity, and can be of significant psychological assurance and comfort to both the families and the larger community.

In an influenza pandemic, the county and its authorities are responsible not only for providing effective immediate assistance to its citizens but also for maintaining ongoing basic services. The county has the responsibility to plan for the handling and final disposal of dead bodies resulting from the pandemic. The county should take the leading role in organizing the public sector, health sector, and non-governmental sectors involved in managing remains. The disposition of bodies has a significant impact on the well-being of surviving family members and should always reflect the traditions and values of the community.

## **Assumptions**

The Indiana State Department of Health (ISDH) has made the following assumptions while preparing this Field Guide:

- The number of influenza pandemic fatalities is very challenging to anticipate.
- For a new virus, the attack rate may be as high as 35% and occur over a period of 12 weeks. Predictions reflect the fatalities rate could be approximately 2.1% of cases.
- The very nature of a pandemic implies that the community needs will overwhelm the community's resources.

## SECTION 1: COORDINATING INSTITUTIONS

### Stakeholders

The management of mass fatalities in an influenza pandemic requires the involvement of representatives from governmental and nongovernmental organizations, as well as volunteers. Such representatives should come from local, regional, and state government; public health, emergency management, and the health care industry (including hospitals); agriculture, education, and business—especially the funeral industry; communication/media, community- and faith-based organizations, the Medical Reserve Corps (MRC), and private citizens/volunteers.

Communication and coordination among all the relevant institutions is critical. A Pandemic Preparedness Coordinating Committee (PPCC), accountable for planning and executing the county's operational influenza pandemic plan, should be established in each county. Based on interviews with representatives from a number of counties, not all Indiana counties have such a PPCC. A number of counties integrate this subject into their Emergency Preparedness Committee. A PPCC should present the following:

- Provide effective leadership. Each participating institution should have its roles and responsibilities clearly outlined.
- Prevent duplication of efforts and ensure that all needs are met.
- Provide for rapid and effective communications among institutions and the community.
- Develop uniform procedures, including common guidelines and standards that encompass the entire process.

A county's influenza pandemic plan should include the following.

- Specifying the chain of command—who has decision-making authority and who will oversee the management of dead bodies. This is ordinarily the county coroner.
- Assuring that people are trained and available to handle, identify, and dispose of the bodies.
- Identifying alternate morgue sites if the coroner's office or local medical facilities are over capacity.
- Obtaining financial resources needed for emergency management and for managing dead bodies.
- Accessing resources, including volunteers for the recovery and transportation of bodies, refrigerated trailers, and sites to serve as temporary morgues.
- Identifying sites for burial of the dead (possibly mass burials).

- Listing of communication systems to be used to coordinate activities.
- Listing the availability of mental health resources for staff and volunteers.

Widely circulate the plan. Everyone involved in handling dead bodies should be familiar with this plan, especially with the sections relating to their roles.

Conduct periodic exercises to test the plan. These exercises can consist of tabletop exercises, field exercises, and other training exercises aimed at providing specific skills to technical personnel and/or volunteers. Handling and identifying dead bodies that result from an influenza pandemic should not be viewed as isolated actions, but should be included as an integral part of the county's preparedness plan.

## **SECTION 2: REGULATORY REQUIREMENTS**

### **State of Emergency**

Should the governor declare a state of emergency, the present legal requirements on fatalities may be waived or modified as necessary to meet the needs of the influenza pandemic. In a pandemic, health officials may implement non-pharmaceutical protective measures (e.g., school closure, gathering restrictions), in which the following may be applicable:

- Most traditional burials should not be delayed until the pandemic has passed but conducted within health department limitations on gatherings. This will slow the accumulation of remains and may preclude the need for mass burial.
- Memorial services may be postponed until the cessation of the pandemic.
- If mass burials are required (see Section 2), be mindful of the following considerations:
  - All documentation and permanent IDs must be secured.
  - Respect for bodies will be observed as a priority.
  - Grieving family members' and others' needs should be accommodated within the public health constraints.
- Mental health professionals may be extended beyond capacity.
- The city, town, or townships are responsible for procuring land for the disposition of mass numbers of bodies and/or ashes. (See IC 23-14-75-2.)

### **Coroner's Jurisdiction**

The Indiana Code (IC) stipulates certain circumstances in which the county coroner must investigate a death. Listed below are the circumstances that may occur during an influenza pandemic.

- Any death where there is a question of whether the victim died a natural death.
- Any death that appears to be natural, but there is no physician willing or able to sign the death certificate.
- Any at-home death from a terminal illness where the attending physician will not sign the death certificate.

The following conclusions can be made regarding the role of the coroner's office in the circumstances of an influenza pandemic:

- During an influenza pandemic, the cause of most deaths will not be in question.
- Such deaths will be considered natural.
- Such deaths will not fall under the coroner's jurisdiction.
- If there are reasonable suspicions as to whether a death was natural, the coroner should be contacted for a ruling.

IC 36-2-14 outlines the responsibilities of the coroner, but there are no provisions for mass fatalities. The IC can be accessed at:

<http://www.in.gov/legislative/ic/code/title36/ar2/ch14.pdf>

### **Pronouncing Death**

The final determination of death is left to qualified medical personnel. This may include an attending physician, a registered nurse (such as a hospice nurse), a nurse practitioner or a physician assistant, or a local health officer. Depending on the state of the body upon discovery, law enforcement or first responders may pronounce death.

### **Signing Death Certificates**

Physicians and coroners are authorized to sign a death certificate and enter the cause of death. This would include:

- Attending physician
- Local health officer
- Coroner
- A designated deputy coroner

### **Unattended Deaths**

During a declared influenza pandemic, the following protocol should be followed when an unattended body is discovered:

- If the body is discovered by a family member, relative, neighbor, or friend who can identify the deceased, the discoverer is to contact authorities (e.g., law enforcement, health department, hospital, funeral home director) for directions on how to proceed. Those authorities will request the following information:
  - Ask the discoverer to provide contact information on himself or herself and the identity and location of the deceased.

- Inquire whether the death appears natural or suspicious.
  - If natural, inform the discoverer that the appropriate agency or staff will come to transport the body to the designated site.
  - If suspicious, ask the discoverer to remain on site until an authority arrives to investigate.
- If the discoverer cannot identify the body, he or she should contact the authorities; those authorities will request the following information:
  - Ask the discoverer to provide contact information on himself or herself and on the location of the body.
  - Inquire whether the death appears natural or suspicious.
  - Direct the discoverer to remain on site until an authority arrives to investigate.
- If the discoverer is a first responder, law enforcement, or a public health official, that person will proceed as directed in prior training.

### **Public and Private Partnerships**

As part of the local influenza pandemic plan, many county agencies and private businesses have discussed or implemented a Memorandum of Understanding (MOU) that outlines cooperative arrangements among themselves. Such agreements between local officials and business enterprises (e.g., funeral homes, crematoriums, companies supplying caskets and embalming fluids, cemeteries, grave attendants, refrigerated truck providers) assist all parties in providing the quickest and best service possible to the community. All county plans should include such agreements.

A public-private partnership would be committed to the following:

- Mutually striving for the common good of community members.
- Realizing that, while such a crisis often fosters both the best and the worst in people, their partnership will serve equitably and efficiently.
- Maintaining a level of professionalism that facilitates the execution of mutual responsibilities in an understanding and compassionate manner.
- Appreciating that public agencies, private businesses, and the general public will need to compromise and cooperate during such a crisis.

### **Indiana Funeral Directors Association (IFDA)**

IFDA has drafted association guidelines to deal with multiple-death situations. These guidelines outline procedures for the following:

- Initial Recovery and Staging
- Evacuation to Morgue



- Temporary Morgue Sites
- Return of Bodies to Loved Ones
- Mass Burials
- Unidentified Remains
- Temporary Storage

The IFDA has organized disaster response teams (DRT) to assist coroners in the state in the eventuality of multiple-death emergencies. The DRT coordinates with the local Emergency Management Agencies (EMA) and Disaster Preparedness Coordinator to provide as much guidance and assistance as is required. Coroners are encouraged to maintain strong working relationships with the local IFDA members. IFDA contact information is listed below:

1305 W. 96<sup>th</sup> Street Suite A  
 Indianapolis, IN 46260  
 800.458.0746  
 317.846.2448  
[http://www.indiana-fda.org/\\_mgxroot/page\\_10788.php](http://www.indiana-fda.org/_mgxroot/page_10788.php)

### **Determination of Local Capacity**

When does the number of influenza pandemic deaths become *excessive*? The following description may suffice: *Mass fatalities exist when the number of dead persons exceeds the local community's resources and ability to provide for proper disposition of the bodies in a timely manner.*

During the pre-pandemic planning stages it is expected that the PPCC will have developed a four-tiered schema of local capacity for handling mass fatalities. Hospitals, funeral homes, and the local health department personnel might outline these levels of capacity as the following:

- Ordinary—the average daily or weekly capacity for proper body disposition.
- Sustainable—the capacity “under stress” that can be maintained for a determined period.
- Excessive—the level at which the proper disposition of bodies exceeds existing resources and may involve additional or modified resources.
- Critical—exceeds all resources and involves immediate identification and mass burials.

At the point when the number of fatalities reaches the excessive level, the coroner, after consulting with the local health officer and other emergency management personnel, must establish an alternative body-storage and body-preparation site(s). Such a site(s) will require the following considerations.

- Sufficient square footage to allow for several separate areas
- Utilities
- Communication capabilities
- Morgue supplies and embalming fluids
- Storage and cooling facilities
- Waste disposal

See Section 3, subsection Storage of Bodies for a detailed list of interim morgue requirements.

### **Mass Burials**

When the county has reached the critical level, burial is the most practical method of long-term storage and permanent body disposal because it preserves evidence for future investigation, if necessary. Mass burial (on a strictly temporary basis) may become necessary when the following occurs:

- The number of remains cannot be disposed of in the traditional manner, and their prolonged presence could present a public health concern.
- The remains cannot be adequately refrigerated or embalmed.
- The remains cannot be properly identified or processed in an acceptable manner.

County officials have the authority to decide when a county may or must use mass burials. The county health officer, in consultation with the County Department of Environmental Management, would work to identify mass burial site locations. That decision is based on a number of determining factors:

- Availability of cemetery space (county-, public-, or private-owned)
- Availability of public or private land
- Ease of post-pandemic retrieval of bodies
- Water table, soil conditions, etc.
- Appropriateness of the land for temporary or permanent burials and subsequent memorial services
- Number of remains to be buried
- Distance and transportation considerations

The city, town, or townships have the authority to acquire land for mass burials.

## **SECTION 3: DISPOSITION OF BODIES**

### **Body Recovery**

The body-recovery process must be handled with the utmost respect because it is performed before the public eye. It can stir great community bonding if handled sensitively; or it can cause much grief if not carried out with professionalism.

A county should consider establishing and widely publicizing a central call-in telephone number and Web site for persons to report a death and/or the need for a body retrieval. All personnel assigned or designated to remains recovery should be trained in how to provide this service. If possible, mortuary personnel should be designated. If there are insufficient mortuary personnel, then those selected should be aware of the difficulties they may encounter. If possible, prior training should be provided.

Bodies should be placed in body bags by the recovery personnel. If these are unavailable, use plastic bags/containers, plastic sheets, shrouds, bed sheets, or other locally available material.

Waterproof identification labels (e.g., paper in sealed plastic, pre-numbered metal identification tags, or plastic tags/bracelets) with a unique identification system should be used. Do not write on body bags/sheets as they can be easily erased in storage. See section on Identification of Bodies.

Personal belongings, jewelry, and documents should not be separated from the body during transport, but only during the identification phase.

### **Transporting Bodies**

It is likely that in an influenza pandemic the transportation of a large number of remains will be necessary. It will be essential to have MOUs in place that will allow for a sufficient supply of transporting vehicles. Funeral home hearses, emergency vehicles, and other specialized transports will be needed. However, such specialized vehicles may be in short supply.

Therefore, other vehicles will have to be adapted to meet the demand. The following issues should be considered if this becomes the case.

- Trucks, refrigerated trailers, pick-ups, and vans can be used to transport bodies—preferably closed vehicles, with floors that are either waterproof or covered with plastic. The bodies should already have been packed in duly marked body bags or other containers.
- To the extent feasible, cover any lettering or symbols—including license plates—that identify the companies or individuals that own the transport vehicles being used.

- Vehicles must be thoroughly cleaned once transport is completed or no longer required.
- Health service vehicles, especially ambulances, should not be used to transport dead bodies. These vehicles should be reserved for serving the living.

### **Storage of Dead Bodies**

In the wake of an influenza pandemic, local morgue capacity may be overwhelmed. Therefore, it will be necessary to plan for an interim incident morgue site(s). The following should be taken into consideration when planning an interim morgue:

#### **Storage Space**

- Facility available for the necessary time frame
- Retrofit capability and cost
- Appropriate square footage available
  - Less than 100 fatalities—6,000 sq. ft. facility
  - 101 to 200 fatalities—8,000 sq. ft. facility
  - More than 200 fatalities—10,000 sq. ft. facility
  - Room for two 400 to 600 sq. ft. office spaces
- Non-porous flooring or disposable flooring
- Room for a separate holding area, viewing area, and examination area
- Tractor-trailer accessible
- Showers
- Hot and cold water
- Heat or air conditioning (depending upon season)
- Electricity (110 volt, 300 amps minimum)
- Drainage
- Ventilation
- Restrooms
- Space for staff support and rest
- Parking areas for staff and trucks

## **Communications**

Communication capabilities, including multiple telephone lines and satellite accessibility are essential.

## **Security**

Following are several security issues to consider:

- Fenced area with limited access
- Secure entrances into general area
- Secure entrances into facility with uniformed guards
- Security for entire site
- Removed from public view
- Removed from the Family Assistance Center in a need-to-know location

## **Cold Storage**

Cold storage of bodies slows the rate of decomposition and preserves the body for identification. Within 12 to 48 hours in hot temperatures, decomposition will be too advanced to allow facial recognition.

Bodies must be stored between 37-42° Fahrenheit to retard decomposition. Non-embalmed bodies can be stored for up to 72 hours in a controlled environment before deterioration affects viewing. Embalmed bodies can be stored up to seven days. However, if viewing prior to burial is not an issue, cold storage and embalming may be effective for more than 30 days. Bodies should not be placed directly in or on ice. The melt water causes rapid deterioration.

Refrigerated facilities and/or vehicles that could serve as temporary storage units should be identified by the county and pre-approved agreements put into place. Other options not discussed in this document are temporary burial, the use of ice, and the use of dry ice.

## Identification of Dead Bodies

It is essential that an identification tracking system be in place for following the body from the point of death to storage to disposition. All burial transit permits (BTP) should be documented electronically through a proven scanning device by connection to the body ID. This system improves accountability and accuracy of the number of remains. All identified bodies should be released as soon as possible to relatives or their communities for disposal, according to local custom and practice.

There are a number of identification options, such as the following:

- Metal bracelet identification tags which have been pre-stamped or at least written on with indelible ink
- Plastic bracelets (similar to bracelets used for patients in hospitals)
- Radio frequency (RF) tags

Whichever body storage option is decided upon by a county, waterproof labels with a unique identification number should be used. A county may use the number system provided in Annex 1—Sequential Numbers for Unique Referencing.

Three identification tags should be used for each fatality:

- One tag should be tied to the body with a wire or strong cord or placed around the wrist, ankle, or toe.
- A second tag should be attached to the body bag or body container in a secure manner.
- A third tag should be used with the separate clear plastic bag that will store any personal effects.

As the bodies are prepared for transport, the above procedures for tracking bodies are applicable in the following circumstances:

- When a funeral home and/or the coroner's office is involved in transporting
- When a delegated driver (a volunteer or other county-appointed personnel) transports a body to the designated location

## Identification Forms

Make every effort to collect the personal identification information on the deceased at the time of body retrieval, or at the time the body is brought to a designated location (interim morgue) by family members, neighbors, or friends.

The most readily available ID sources are the following:

- Family, relatives, neighbors, friends
- Wallet, purse, drivers' license, credit cards

A *Dead Bodies Identification Form* should immediately be filled out, coded, and filed accordingly. A sample form is provided in Annex 2. This information may also be added to a *Body Inventory Sheet*, a sample is provided in Annex 3.

Additional methods to aid in permanent and unalterable identification of a body include the following on the tag or in the file:

- Photograph
- Finger/thumb print
- Blood sample
- Dental records (in file only)
- DNA

## Unidentified Bodies

Counties also should develop a procedure for numbering and identifying unidentified bodies. Disposition of unidentified bodies is the responsibility of the county coroner. If the coroner delegates that responsibility, the following procedures are suggested:

- When an unidentified body is discovered or brought to a hospital, interim morgue, or other facility, follow the tagging suggestions above.
- The body should then be transported to a designated location, using the outlined transportation suggestions above.
- After a body is appropriately tagged and transported, identification procedures should begin.
- A *Dead Bodies Identification Form* should be filled in as much as possible at this time.
- This information may also be added to a *Body Inventory Sheet*, a sample of which is provided in Annex 3.

Procedures that can aid in the identification process include the following, which can be kept on the tag or in the file:

- Photograph
- Finger/thumb print
- Blood sample
- Dental records (in file only)
- DNA

### **Storage of Personal Effects**

All personal effects that accompany the body will be stored in clear plastic bags or containers that have been appropriately tagged with the body's individualized number or code.

### **Embalming**

Some authors define embalming simply as the preparation of a dead body for preservation, while others make a distinction between transitory preservation and body preparation (PAHO).

A majority of bodies will be embalmed, as is the standard custom in most communities. Embalming could be performed at the interim morgue site or at a funeral home after the body is released. The family should make the determination, or the coroner, based on expected time of body release or burial.

Among the most important requirements to take into account for these procedures are the following:

- Trained technical personnel
- Appropriate equipment and instruments
- Preservation materials
- Adequate working area



## Burial Sites

*Note: Indiana Law, IC 23-14-54-1—...the remains of all individuals who die in Indiana or are shipped into Indiana shall be deposited:*

- *In the earth in an established cemetery;*
- *In a mausoleum;*
- *In a garden crypt; or*
- *In a columbarium;*

*within a reasonable time after death, except as ordered by the state department of health.*

Note: A *columbarium* is a vault with niches for urns containing ashes of the dead.

The majority of the deceased may not be owners of cemetery property. Additional or new cemetery property may be in limited supply. Therefore, a county should consider the need for increased burial sites and have pre-approved agreements in place.

If additional burial sites need to be procured, refer to the subsection above on Mass Burials in Section 2, Regulatory Requirements.

Observe the following procedures in arranging for additional burial sites:

- Soil conditions, highest water table level, and available space must be considered.
- The site should be acceptable to communities living near the burial site.
- The site should be close enough for the affected community to visit.
- The burial site should be clearly marked and surrounded by a buffer zone to allow planting of deep-rooted vegetation and to separate the site from inhabited areas.
- Burial sites should be at least 225 yards away from water sources such as streams, lakes, springs, waterfalls, beaches, and the shoreline.
- Suggested burial distance from drinking water wells is provided in the following table (Table 1). Distances may have to be increased based on local topography and soil conditions.

Table 1. Recommended distance of graves from drinking water wells

Number of bodies	Distance from drinking water wells
4 or less	220 yards
5 to 60	275 yards
60 or more	400 yards

## Grave Construction

Regarding gravesite preparation, the following points merit consideration:

- Dead bodies should be buried in clearly marked, individual graves.
- Prevailing religious practices may indicate preference for the orientation of the bodies (e.g., heads facing east or toward Mecca).
- Although there are no standard recommendations for grave depth, it is suggested that graves should be between 5- and 10-feet deep.

*Note: Indiana Law, IC 23-14-54-2—All dead human bodies interred in the earth shall have a cover of at least two (2) feet of earth at the shallowest point over the outer receptacle in which the body is placed.*

- If a communal or mass grave is needed, it should consist of a trench holding a single row of bodies each placed parallel to the other, 1.5 feet apart; there should be at least 7 feet between the bottom of the grave and water table. Or, any level to which ground water rises, the distances may have to be increased depending on soil conditions.

## Burial of Unidentified or Unclaimed Bodies

Burial is the most practical method of disposing of bodies. One benefit is that it preserves evidence for future forensic investigations, if such ever become necessary. Helpful suggestions include the following:

- Each body must be buried with its unique identification number on a waterproof label. This number must be clearly marked at ground level, mapped and recorded for future reference.
- Religious considerations should be observed. Non-denominational rites should be held at the site of the burial.

## Cremation

Cremation, on the other hand, can be suggested but with the sensitivity that many people, for cultural or religious reasons, are averse to it. In addition, cremation remains cannot be investigated for forensic or identification purposes, should that ever become necessary.

There are additional factors to consider with the possibility of cremation of a large number of dead bodies:

- Large amounts of fuel would be needed (usually wood).
- Achieving complete incineration is difficult, often resulting in partially incinerated remains that have to be buried.
- It is logistically difficult to arrange for the cremation of a large number of dead bodies.

## **SECTION 4: RESOURCE AVAILABILITY**

During an influenza pandemic, resources of all types will be scarce. With much of the county affected and a 30% loss in the workforce, both material supplies and labor will be greatly impacted. The demand for a number of items and skills will be high, and the normal supply will be greatly reduced. There will be little capacity to meet the need.

The state and federal governments have stated they will not be in a position to offer assistance to a county during the influenza pandemic; therefore, a county must be able to function on its own. It is critically important that a county begin to plan now with their vendors, suppliers, and other public officials to maintain basic services during a pandemic.

Equally important is to begin to plan with health care organizations, the educational system, private and nonprofit sectors of the community. All sectors have something to contribute to the effort, and conversely all sectors will be significantly impacted.

Two entities with which a county should begin discussions are the funeral directors and coroner located within the jurisdiction. The possibility of mass fatalities during a pandemic is real. Having adequate resources in place, and/or available, is vital to the continuity of operations, but also to the psychological welfare of the community.

### **Body Disposition Resources**

The following are items that should be discussed, resourced, and pre-agreements developed.

- Body bags—Most counties will have a limited supply on hand. Stockpiling is an option. Alternatives to traditional body bags should be investigated and pre-agreements put into place.
- Embalming fluid—Embalming a dead body for burial is the most common practice in this country. Each body will require approximately 24 ounces of concentrated embalming fluid. With the indefinite shelf life of an unopened container of embalming fluid, the county and funeral directors should consider increasing its inventory and setting aside containers for use in a pandemic.
- Embalmers—An inventory should be taken of the number of people trained as embalmers within the county. This should include those persons who have retired but would be willing to assist in a pandemic, and those who are trained but are not currently practicing.
- Caskets—With the greatly increased number of deaths in the county, the normal supply of caskets will quickly be outstripped. A manufacturer's ability to produce additional caskets will be diminished. The ability to transport additional caskets also will be diminished. A county should seek to identify supply alternatives and/or temporary alternatives and put into place pre-approved agreements.

- Burial sites—See this discussion under subsection Burial, Section 3 Disposition of Bodies.
- Grave preparations—Manpower used to prepare gravesites also will be affected. An alternative workforce should be identified and trained.
- Crematoriums—A county should inventory the number of crematoriums located within its jurisdiction, as well as the crematoriums' capacity and speed. If there are no crematoriums within the county, pre-approved agreements should be put into place with the closest and/or most logical facilities. Discussions should take place regarding the disposition of ashes and become a part of the pre-agreement.
- Transporters—For retrieval of remains, these personnel must be trained in proper techniques for identification and transport and be aware of safety precautions.

## **SECTION 5: CULTURAL AND RELIGIOUS CONSIDERATIONS**

### **Funeral Home Capacity**

There are several challenges in addressing the issue of funeral home capacity. Some of those issues are the following:

- Body preparation averages about four hours.
- Depending on funeral home size, one establishment can conduct up to three community funerals and/or four in-house funerals a day.
  - Community funerals are those conducted at a church, synagogue, or other location where a traditional service is held.
  - In-house funerals are those conducted in the funeral home followed by interment at a cemetery at another site.
- While a certain percentage of the population has pre-planned and paid for their funeral arrangements (e.g., embalming, visitation, disposition of the body, cemetery plot, casket, headstone, cremation, disposition of ashes), an even larger percentage has no such plans, thus slowing down the traditional funeral planning and arrangements.
- The above estimate of funeral home capacity presumes healthy personnel, which is not necessarily a given during a pandemic.
- If the local health department encourages (or mandates) closure of certain establishments or the isolation of the sick, traditional funeral ceremonies may be put on hold until post-pandemic.

### **Funeral Services**

The capacity for churches, synagogues, temples, etc., to perform funeral services or memorial services depends on many factors. Some of those determinants follow:

- Availability of ministers, clergy, rabbis, imams, etc.
- Availability of funeral facilities
- Level of isolation or quarantine mandated by local authorities

## **Cultural, Social and Religious Attitudes**

In the event of an influenza pandemic, the recovery, identification, transportation, storage, and final disposition of bodies carry deeply felt personal and public emotions and beliefs. For many people, their inability to perform rituals condemns a family to a second and third death. The first death distinguishes the physical presence of the loved one.

The second death is the absence of a tomb, the symbol that perpetuates the loved one's name and confers social worth to the deceased. The third death is the lack of inclusion of the deceased in the generational continuity of a family.

Because human beings are social by nature, death is a very public event. It is through public ritual that society accepts and pays attention to the grieving process, so important for the survivors. Public rituals around death strengthen the social bonds with the hope of shared survival. Rituals provide mourners the opportunity to express their loss in a prescribed way and to accept the reality of their loss, which requires disposing of the body of the loved one.

The effects of disrupting normal rituals and the unresolved mourning of a society are traumatic and debilitating to individual mourners and the public in general. As social beings, we have rites of passage (separation, marginalization, and reincorporation) through which we must traverse on the occasion of death. To be deprived of this ritual dimension is yet another loss to the soul and psyche.

## **Time-of-Death Reminders**

When making important decisions about whether to streamline, postpone, or eliminate traditional funeral rituals, the following factors must be carefully contemplated:

- A body must always be treated in a dignified manner.
- Many people believe the living body to be the temple of the Holy Spirit and thus, in death, deserving of respect.
- Some people would never consent to an autopsy for a loved one, seeing it as a violation of the principle of respect.
- Some people are strongly opposed to cremation given their belief in the *glorification of the body in the next life*.
- Many families maintain a bond with the deceased, and this bond is maintained in spirit and sensually through a vigil with the corpse and visitations at the grave site.
- People's *right to worship* includes the right to appropriately perform the rites of vigil and burial for the deceased.

- For many, participation in the rites surrounding death assuages the sting of loss and binds the survivors with stronger ties to the deceased and to each other.
- The importance of worship is a right not lightly set aside.
- Mourners should be treated with compassion and respect.
- Time and attention given to mourners' psychological needs is a social responsibility borne by all members of the community.
- In responding to and making decisions about the management of an influenza pandemic, the cultural and religious convictions of the survivors must be given serious consideration.
- The overly rapid elimination of corpses, fumigation of spaces, common graves, reduction of contaminants through *fire* are misguided and debilitating in the long term (an influenza-stricken corpse poses a limited risk only for certain pathogens, determined by very specific circumstances).
- In summary, turning bodies over to families, facilitating rituals that allow mourners to grieve and celebrate, to memorialize and connect are essential for individual and community health of body and soul.

## **SECTION 6: SURVEILLANCE AND REPORTING**

### **Surveillance**

Surveillance has been defined as "an ongoing systematic collection, analysis and interpretation of outcome-specific data for use in the planning, implementation and evaluation of public health practices" (Flahault 1998). Surveillance is more than the collection of data. A timely, representative, and efficient surveillance system is the cornerstone of the control of epidemic-prone communicable diseases (Pacific Public Health Surveillance Network 2004).

In order to be able to detect an unusual cluster or number of cases of illness that may be due to a new influenza virus, the United States participates in an early warning system for human disease (Global Influenza Surveillance Network). So also, each Indiana county participates in a state-wide surveillance effort to detect and track pandemic influenza cases.

The Indiana State Department of Health (ISDH) uses five different surveillance components to monitor influenza activity (seasonal influenza) in Indiana. These components assist in determining where, when, and what influenza viruses are circulating, along with determining the level of influenza activity. During a pandemic, the ISDH will disseminate surveillance information to local health departments, hospitals, and other stakeholders by way of the Indiana Health Alert Network (IHAN).

The state and counties must define the objectives of surveillance. During the interpandemic period and the pandemic alert period (phases 1-5), surveillance in all counties should target the rapid identification of the circulating strain and the early detection and reporting of the pandemic strain in humans.

Surveillance, using different methodology/tools, is required to determine the intensity and impact of influenza activity; to identify the high-risk populations; to identify when, where, and which influenza viruses are circulating.



## Surveillance Objectives

Counties affected by a pandemic threat should determine how widespread the outbreak is, as well as whether or how efficiently human-to-human transmission is occurring. Surveillance during these periods should include the following:

- Laboratory reports
- Hospital admissions for acute respiratory disease
- Reports on animal to animal and animal to human transmissions
- Possible monitoring of pneumonia cases and antiviral drug resistance

In crises situations, such as an influenza pandemic, the gathering, management, and analysis of information is crucial to decision making. How health departments respond to such a pandemic is significantly affected by the quantity and quality of information at their disposal. If the county's *Influenza Pandemic Plan* has outlined how the retrieval and tracking of information is to be handled, those strategies for collecting data could be in place and functioning.

On the other hand, if information management is not organized, there will need to be on-the-spot development of some rudimentary procedures for documenting and conveying the kinds of data that both the county and the state will need.

Pandemic surveillance includes the following events:

- Hospital admissions of suspected or confirmed cases of pandemic strain influenza
- Deaths among suspected or confirmed cases of influenza pandemic
- Workforce absenteeism in services designated as essential
- Vaccine usage for routine and pandemic strain influenza vaccinations (if available)
- Adverse vaccine events attributable to the pandemic strain vaccine (if available)
- Data collection for later use in the calculation of vaccine effectiveness (if it was available)
- Monitoring pneumococcal vaccine use and adverse events associated with its use (if it was available)
- Monitoring of antiviral use and adverse events attributable to its use (if available)

In addition, some mechanism for data aggregation, interpretation, and transmission for decision-making should be gathered.

## Reporting

Early detection is vital to effective preparation for a potential influenza pandemic. Any hope of containing or slowing a pandemic requires almost immediate notification and action. Such then, is the importance of up-to-date and accurate surveillance.

State and local preparedness is crucial to pandemic readiness. The daily or weekly reporting from the local community to the state is a dimension of partnership communications critical to effective response to a pandemic.

When an outbreak is confirmed, the health authorities should inform health professionals and the public through the usual accepted channels of communications on the outbreak, the opportunity of vaccination (mass campaign, targeted campaign, catch-up program, or voluntary immunization), and the treatment.

A county should be prepared to report at a minimum the following information as can be seen in the Influenza-Associated Deaths Case Investigation (Annex 4):

- What types of influenza testing was conducted and what were the results
- Complications that occurred during the acute illness
- If the patient received medical care for the illness
- Place and date of death
- Other pre-existing medical conditions that could be contributing risk factors

In addition to the individual patient-level records relating to influenza-associated deaths, a line list of cases by category should be created, maintained, and development of a spot map should be considered. If the outbreak is relatively contained, there will be time to search for and isolate a possible source (e.g., institutional, travelers, health care settings). Available clinical data on age-specific attack rates and complications and outcomes of influenza in specific risk groups (e.g., pregnant women, babies under two years, and others) as identified in research priorities needs to be collected, collated and analyzed. If necessary, population groups need to be reprioritized for possible vaccination.

## SECTION 7: PUBLIC HEALTH ISSUES

### Issues of Concern

Any substantive influenza pandemic plan must anticipate possible public health issues that could arise. Public affairs roles and responsibilities of officials and personnel need to be anticipated and assigned. Remains as a result of the influenza pandemic will not be hazardous to the community. This should be communicated widely throughout the pandemic.

A definitive analytical protocol still has not been developed that makes it possible to objectively quantify whether the presence of dead bodies increases health risks for the living (PAHO, *Management of Dead Bodies*, Ch. 3).

Such issues include the following:

- A dead body is the result of an epidemic and not the cause of the epidemic.
- Dead bodies in disease endemic areas can be carriers of the etiologic agent without being the cause of the epidemic.
- The available evidence indicates that the presence of human corpses represents little or no public health hazard.
- Individuals handling human remains have a small risk through contact with blood and feces for Hepatitis B and C, HIV, and Tuberculosis.
- Basic hygiene protects workers from exposure to diseases spread by blood and certain body fluids. (Pandemic influenza is spread through respiratory droplets.)
- Body handlers should use the following protections:
  - Gloves
  - Frequent hand washing
  - Avoidance of touching face, mouth, eyes
  - Face masks (if indicated)

## References

Pan American Health Organization, 2006, *Management of Dead Bodies after Disaster: a Field Manual for First Responders*. Washington D.C., ISBN 92 75 12630.5 (English). Available at <http://publications.paho.org/english/index.cfm>

Pan American Health Organization, 2004, *Management of Dead Bodies in Disaster Situations*. Washington D.C., ISBN 92 75 12529-5 (English). Available at <http://publications.paho.org/english/index.cfm>

The Indiana Code  
<http://www.in.gov/legislative/ic/code/>

The Indiana Funeral Directors Association – available at  
[http://www.indiana-fda.org/\\_mgxroot/page\\_10788.php](http://www.indiana-fda.org/_mgxroot/page_10788.php)

IFDA Yearbook, 2005-2006, Indianapolis, IN 46260. The Yearbook is self-published by the Association.

Pacific Public Health Surveillance Network (PPHSN) Influenza Guidelines. 2005. Available at <http://www.spc.int/phs/PPHSN/Publications/Guidelines/Influenza.htm>

Kamps, B.S., et al. *Influenza Report 2006: Pandemic Preparedness*. Available online: <http://www.influenzareport.com/ir/pp.htm>

Indiana State Department of Health. *Influenza-Associated Deaths Case Investigation State Form 52576 (2-06)*. Available online: [http://www.in.gov/isdh/form/pdfs/52576\\_InfluenzaAssocDeath.pdf](http://www.in.gov/isdh/form/pdfs/52576_InfluenzaAssocDeath.pdf)

**Annex 1—Sequential Numbers for Unique Referencing**  
*Begin numbers with county numerical code (i.e., 29001)*

**When using the list below, cross each number off the list when it is used to avoid using it twice.**

001	051	101	151	201	251	301	351	401	451
002	052	102	152	202	252	302	352	402	452
003	053	103	153	203	253	303	353	403	453
004	054	104	154	204	254	304	354	404	454
005	055	105	155	205	255	305	355	405	455
006	056	106	156	206	256	306	356	406	456
007	057	107	157	207	257	307	357	407	457
008	058	108	158	208	258	308	358	408	458
009	059	109	159	209	259	309	359	409	459
010	060	110	160	210	260	310	360	410	460
011	061	111	161	211	261	311	361	411	461
012	062	112	162	212	262	312	362	412	462
013	063	113	163	213	263	313	363	413	463
014	064	114	164	214	264	314	364	414	464
015	065	115	165	215	265	315	365	415	465
016	066	116	166	216	266	316	366	416	466
017	067	117	167	217	267	317	367	417	467
018	068	118	168	218	268	318	368	418	468
019	069	119	169	219	269	319	369	419	469
020	070	120	170	220	270	320	370	420	470
021	071	121	171	221	271	321	371	421	471
022	072	122	172	222	272	322	372	422	472
023	073	123	173	223	273	323	373	423	473
024	074	124	174	224	274	324	374	424	474
025	075	125	175	225	275	325	375	425	475
026	076	126	176	226	276	326	376	426	476
027	077	127	177	227	277	327	377	427	477
028	078	128	178	228	278	328	378	428	478
029	079	129	179	229	279	329	379	429	479
030	080	130	180	230	280	330	380	430	480
031	081	131	181	231	281	331	381	431	481
032	082	132	182	232	282	332	382	432	482
033	083	133	183	233	283	333	383	433	483
034	084	134	184	234	284	334	384	434	484
035	085	135	185	235	285	335	385	435	485

036	086	136	186	236	286	336	386	436	486
037	087	137	187	237	287	337	387	437	487
038	088	138	188	238	288	338	388	438	488
039	089	139	189	239	289	339	389	439	489
040	090	140	190	240	290	340	390	440	490
041	091	141	191	241	291	341	391	441	491
042	092	142	192	242	292	342	392	442	492
043	093	143	193	243	293	343	393	443	493
044	094	144	194	244	294	344	394	444	494
045	095	145	195	245	295	345	395	445	495
046	096	146	196	246	296	346	396	446	496
047	097	147	197	247	297	347	397	447	497
048	098	148	198	248	298	348	398	448	498
049	099	149	199	249	299	349	399	449	499
050	100	150	200	250	300	350	400	450	500

## Annex 2—Dead Bodies Identification Form

<b>Body/Body Part Code:</b> (Use unique numbering and include on associated files, photographs, or stored objects.)	
<b>Possible Identity of Body:</b>	
<b>Person Reporting:</b> Name:	
Official Status:	Place and Date:
Signature:	
<b>Recovery details</b> (Include place, date, time, by whom and circumstances of finding. Indicate if other bodies were recovered in the same area, including name and possible relationship, if identified):	

### A. PHYSICAL DESCRIPTION

A.1	<b>General Condition (mark one):</b>	a.	Complete body	Incomplete body (describe):		Body Part (describe):	
		b.	Well preserved	Decomposed	Partially skeletonized	Skeletonized	
A.2	<b>Apparent Sex (mark one and describe evidence):</b>	Male	Female	Probably male	Probably female	Undetermined	
		Describe evidence (genitals, beard, etc):					
A.3	<b>Age Group (mark one):</b>	Infant	Child	Adolescent	Adult	Elderly	
A.4	<b>Physical Description (measure or mark one):</b>	Height (crown to heel):		Short	Average	Tall	
		Weight:		Slim	Average	Fat	
A.5	<b>a. Head Hair:</b>	Color:	Length:	Shape:	Baldness:	Other:	
	<b>b. Facial Hair:</b>	None	Moustache	Beard	Color:	Length:	
	<b>c. Body Hair</b>	Describe:					

<b>A.6</b>	<b>Distinguishing features:</b>	Continue on additional sheets if needed. If possible, include a sketch of the main findings.
	<b>Physical</b> (e.g. shape of ears, eyebrows, nose, chin, hands, feet, nails; deformities, missing limbs/amputation)	
	<b>Surgical implants or prosthesis</b> (artificial limb)	
	<b>Skin marks</b> (scars, tattoos, piercings, birthmarks, moles etc.)	
	<b>Apparent injuries</b> (include location, side)	
	<b>Dental Condition</b> (crowns, gold teeth), adornments, false teeth) Describe any obvious features	

**B. ASSOCIATED EVIDENCE**

<b>B.1</b>	<b>Clothing:</b>	Type of clothes, colors, fabrics, brand names, repairs. Describe in as much detail as possible
<b>B.2</b>	<b>Footwear:</b>	Type (boot, shoes, sandals), color, brand, size: describe in as much detail as possible
<b>B.3</b>	<b>Eyewear:</b>	Glasses (color, shape), contact lenses: describe in as much detail as possible
<b>B.4</b>	<b>Personal items:</b>	Watch, jewelry, wallet, keys, photographs, mobile phone (incl. number), medication, cigarettes, etc: Describe in as much detail as possible
<b>B.5</b>	<b>Identity Documents:</b>	Identification card, drivers license, credit card, video club card, etc. Take photocopy if possible. Describe the information contained.



**C: RECORDED INFORMATION**

<b>C.1</b>	<b>Fingerprints:</b>	Yes	No	By whom? Stored where?:
<b>C.2</b>	<b>Photographs of body:</b>	Yes	No	By whom? Stored where?:

**D: IDENTITY**

<b>D.1</b>	<b>Hypothesis of identity:</b>	Explain reasons for attributing a possible identity:
------------	--------------------------------	--

**E: STATUS OF BODY**

<b>Stored:</b>	(Morgue, refrigerated container, temporary burial; describe location):
	Under whose responsibility:
<b>Released:</b>	To whom and date:
	Authorized by:
	Final destination:



# Annex 4—Influenza-Associated Deaths Case Investigation

## INFLUENZA-ASSOCIATED DEATHS CASE INVESTIGATION - Page 1 of 4

Indiana State Department of Health  
State Form 52576 (2-06)

**DIRECTIONS - PLEASE READ BEFORE YOU BEGIN:**

**1** Print firmly and neatly.     
**2** Only use pens with blue or black ink.     
**3** Fill in circles like this: ●     
**4** Print capital letters only and numbers completely inside boxes.     
**5** Please complete all items on form.     
**6** Date format: MM/DD/YY

Not like this: ✗     
 Mark mistakes like this: ✗

A | 2 | C | 3 |

### Section 1. Demographic Information

Last Name     
 ISDH Action:  A case     Not a case

First Name     
  MI     
  Phone Number

Number & Street Address

City     
  State     
  ZIP Code

County     
  Date of Birth     
  Age

**Race:**  
 Asian     
  White  
 Black or African American     
  Other/Multiracial  
 American Indian or Alaska Native     
  Unknown  
 Native Hawaiian or Other Pacific Islander

**Ethnicity:**  
 Hispanic or Latino     Not Hispanic or Latino     Unknown

**Sex:**  
 Male     Female     Unknown

**Is Age in day/mo/yr?**  
 Days  
 Months  
 Years

Occupation     
  Phone of Employer/School/Day Care

Name of  Employer     School     Day Care

Address of Employer/School/Day Care

City     
  State     
  ZIP Code

### Section 2. Clinical Information

/  /      
  /  /      
 Was an autopsy performed?  Yes     No

Date of Illness Onset     
 Date of Death

Location of Death:  Home     Emergency Department (ED)     Inpatient Ward     ICU     Other

If Other, specify

Hospital/Institution Name

Hospital/Institution Address

City     
  State     
  ZIP Code

Hospital/Institution Phone

THIS FORM CONTAINS CONFIDENTIAL INFORMATION PER 410 IAC 1-2.3

**INFLUENZA-ASSOCIATED DEATHS CASE INVESTIGATION - Page 2 of 4**

Indiana State Department of Health  
State Form 52576 (2-06)

**Section 2. Clinical Information (continued)**

**Influenza Testing (check all that were used):**

<u>Test Type</u>	<u>Results</u>	<u>Specimen Collection Date</u>
<input type="radio"/> Commercial Rapid Antigen/Diagnostic Test	<input type="radio"/> Influenza A <input type="radio"/> Influenza B <input type="radio"/> Influenza A/B (not distinguished) <input type="radio"/> Negative	___ / ___ / ___
<input type="radio"/> Viral Culture	<input type="radio"/> Influenza A (subtyping not done) <input type="radio"/> Influenza A (unable to subtype) <input type="radio"/> Influenza B	<input type="radio"/> Influenza A (H1) <input type="radio"/> Influenza A (H3) <input type="radio"/> Negative
<input type="radio"/> Direct Florescent Antibody (DFA)	<input type="radio"/> Influenza A <input type="radio"/> Influenza B <input type="radio"/> Influenza A/B <input type="radio"/> Negative	___ / ___ / ___
<input type="radio"/> Indirect Florescent Antibody (IFA)	<input type="radio"/> Influenza A <input type="radio"/> Influenza B <input type="radio"/> Influenza A/B <input type="radio"/> Negative	___ / ___ / ___
<input type="radio"/> Enzyme Immunoassay (EIA)	<input type="radio"/> Influenza A (subtyping not done) <input type="radio"/> Influenza A (unable to subtype) <input type="radio"/> Influenza B	<input type="radio"/> Influenza A (H1) <input type="radio"/> Influenza A (H3) <input type="radio"/> Negative
<input type="radio"/> RT-PCR	<input type="radio"/> Influenza A (subtyping not done) <input type="radio"/> Influenza A (unable to subtype) <input type="radio"/> Influenza B	<input type="radio"/> Influenza A (H1) <input type="radio"/> Influenza A (H3) <input type="radio"/> Negative
<input type="radio"/> Immunohistochemistry(IHC)	<input type="radio"/> Influenza A <input type="radio"/> Influenza B <input type="radio"/> Negative	___ / ___ / ___

**Was an INVASIVE bacterial infection confirmed by culturing an organism from a normally sterile site (e.g., blood, cerebrospinal fluid (CSF), tissue, or pleural fluid)?**

Yes     No

**If Yes, check all that apply:**

- |  |   |
|--|---|
| <input type="radio"/> <i>Streptococcus pneumoniae</i>            | <input type="radio"/> <i>Staphylococcus aureus</i> , Methicillin Sensitive        |
| <input type="radio"/> <i>Haemophilus influenzae</i> (type b)     | <input type="radio"/> <i>Staphylococcus aureus</i> , Methicillin Resistant (MRSA) |
| <input type="radio"/> <i>Haemophilus influenzae</i> (not type b) | <input type="radio"/> <i>Staphylococcus aureus</i> (sensitivity not done)         |
| <input type="radio"/> Group A <i>Streptococcus</i> (GAS)         | <input type="radio"/> <i>Neisseria meningitidis</i> (serogroup, if known)         |
| <input type="radio"/> Other Invasive Bacteria:                   |   |

\_\_\_\_\_

**Did the patient receive medical care for this illness?**

Yes     No    If Yes, date: \_\_\_ / \_\_\_ / \_\_\_

**If Yes, indicate level(s) of care received (check all that apply):**

Outpatient Clinic     Emergency Department (ED)     Inpatient Ward     ICU

**If Yes, did the patient require mechanical ventilation?**

Yes     No

**Check all complications that occurred during the acute illness:**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="radio"/> None                              | <input type="radio"/> Acute Respiratory Disease Syndrome (ARDS) | <input type="radio"/> Croup           |
| <input type="radio"/> Pneumonia (chest x-ray confirmed) | <input type="radio"/> Encephalopathy/Encephalitis               | <input type="radio"/> Reye's Syndrome |
| <input type="radio"/> Bronchiolitis                     | <input type="radio"/> Seizures                                  | <input type="radio"/> Shock           |
| <input type="radio"/> Other Complications:              |   |                                       |

\_\_\_\_\_

THIS FORM CONTAINS CONFIDENTIAL INFORMATION PER 410 AC 1-2.3

INFLUENZA-ASSOCIATED DEATHS CASE INVESTIGATION - Page 3 of 4

Indiana State Department of Health  
State Form 52576 (2-06)

Section 3. Risk Factors

Check all medical conditions that existed before onset of the acute illness:

- Moderate to Severe Developmental Delay     Hemoglobinopathy (e.g., sickle cell disease)     Asthma/Reactive Airway Disease
- Diabetes Mellitus     History of Febrile Seizures     Seizure Disorder     Cystic Fibrosis

Cardiac Disease, specify:  
\_\_\_\_\_

Renal Disease, specify:  
\_\_\_\_\_

Chronic Pulmonary Disease, specify:  
\_\_\_\_\_

Immunosuppressive Condition, specify:  
\_\_\_\_\_

Metabolic Disorder, specify:  
\_\_\_\_\_

Neuromuscular Disorder (including cerebral palsy), specify:  
\_\_\_\_\_

Pregnant, specify gestational age:  
\_\_\_\_\_ weeks

Other, specify:  
\_\_\_\_\_

Was the patient receiving any of the following therapies prior to illness onset (check all that apply)?

- Aspirin or Aspirin-containing Products     Chemotherapy Treatment for Cancer     Any Other Immunosuppressive Therapy:
- Steroids Taken by Mouth or Injection     Radiation Therapy    \_\_\_\_\_

Did the patient receive any influenza vaccine during the current season (before illness)?

- Yes     No

If Yes, please specify influenza vaccine received before illness onset:

- Trivalent Inactivated Influenza Vaccine (TIV) Injected
- Live-Attenuated Influenza Vaccine (LAIV) Nasal Spray

If Yes, how many doses did the patient receive and what was the timing of each dose?

- 1 Dose ONLY     < 14 days prior to illness onset    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date dose given
- ≥ 14 days prior to illness onset
- 2 Doses     < 14 days prior to illness onset    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date 1st dose given    Date 2nd dose given
- ≥ 14 days prior to illness onset

Did the patient travel outside the county of residence but within Indiana?

- Yes     No     Unknown

\_\_\_\_\_

If Yes, where

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of departure    Date of return

Did the patient travel outside of Indiana?

- Yes     No     Unknown

\_\_\_\_\_

If Yes, where

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of departure    Date of return

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**Section 3. Risk Factors (continued)**

Did the patient raise or have contact with poultry or waterfowl?

Yes  No  Unknown

\_\_\_\_\_   
If Yes, describe

\_\_\_\_\_   
Location

\_\_\_\_/\_\_\_\_/\_\_\_\_   
Date

**Section 4. Comments/Follow-up**

Comments:

\_\_\_\_\_   
Investigator Name

\_\_\_\_\_   
Agency

\_\_\_\_-\_\_\_\_-\_\_\_\_ / \_\_\_\_/\_\_\_\_   
Phone Number Date

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*"People  
helping people  
help  
themselves"*

Mitchell E. Daniels, Jr., Governor  
State of Indiana

Division of Mental Health and Addiction  
402 W. WASHINGTON STREET, ROOM W353  
INDIANAPOLIS, IN 46204-2739  
317-232-7800  
FAX: 317-233-3472

E. Mitchell Roob Jr., Secretary

# **Indiana Influenza Pandemic Mental Health Response Plan**

**for**  
**Public Health, Mental Health, Healthcare and Emergency Responders**

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The Indiana Division of Mental Health and Addiction Director has designated a State Mental Health Disaster Mental Health Program Coordinator and one backup person to respond to the mental health needs of the citizens of the State of Indiana in the event of a disaster. Both of these positions are located in the central office at the Indiana Division of Mental Health and Addiction Office located in Indianapolis Indiana.

The State Mental Health Disaster Mental Health Program Coordinator will take the lead in the event of a disaster. The back up person will be available if necessary.

Additionally, back up personnel have been designated to assist or take the lead in the event that either or both of the state coordinators cannot act in that capacity.

**For immediate assistance with any urgent disaster related information or request, call the following numbers as necessary or appropriate:**

**State Mental Health Disaster Mental Health Program Coordinator**

Andrew Klatte

Office Phone 317-232-7935

Cell Phone (work) 317-431-7464

Fax 317-233-3472

**[Andrew.Klatte@fssa.in.gov](mailto:Andrew.Klatte@fssa.in.gov)**

**Backup State Mental Health Disaster Coordinator**

Stephanie Stscherban

Office Phone 317-232-7846

Cell Phone (work) 317-431-7461

Fax 317-233-3472

**[Stephanie.Stsherban@fssa.in.gov](mailto:Stephanie.Stsherban@fssa.in.gov)**

**Deputy Director**

Diana Williams

Office Phone 317-232-7843

Fax 317-233-3472

**[Diana.Williams@fssa.in.gov](mailto:Diana.Williams@fssa.in.gov)**



## **II. RATIONALE**

The response to an influenza pandemic will pose substantial physical, personal, social, and emotional challenges to healthcare providers, public health officials, and other emergency responders and essential service workers. Critical stress levels may reach varying degrees of severity among healthcare providers and emergency responders through the duration of the response as well as the recovery phases of a pandemic. These critical stress levels may persist for more than a year. Experience with disaster relief efforts suggests that enhanced workforce support activities can help responders remain effective and proactive during emergencies.

Medical, public and mental health responders and their families will be at risk for as long as the pandemic continues in their community. Special planning is required to ensure that hospitals, public health agencies, first-responder organizations, and employers of essential service workers, are prepared to help employees maximize personal resilience and professional performance. An essential part of this planning effort involves the creation of alliances with governmental, community-based and nongovernmental organizations with expertise in and resources for psychosocial support services or training.

The Indiana Department of Homeland Security (IDHS) will be the lead agency for coordinating and integrating other government agency plans for continuity of operations. The primary agency will be the Indiana State Department of Health (ISDH) which will coordinate the plan with the Division of Mental Health and Addictions (DMHA). DMHA will be responsible for coordinating the plan with each Local Emergency Management Agency (LEMA) and Local Department of Health (LDH).

## **III. OVERVIEW**

The objective of this plan to ensure healthcare providers, public health officials, other emergency responders, and essential service workers, reside in the safest and healthiest environment possible by addressing the psychological and social (“psychosocial”) needs of those that will participate in the response to an influenza pandemic in Indiana.

## **IV. CONCEPT OF OPERATIONS**

The Indiana State Emergency Response and Recovery Plan states that during natural or human caused incidents that require state assistance, FSSA/DMHA will be the lead agency for the development and coordination of the state mental health emergency/disaster response plans and services. In addition, FSSA/DMHA will ensure coordination with other state, county, private and volunteer response agencies to prepare intra-agency emergency response plan, including checklists and procedural guides.

FSSA/DMHA will work with the Indiana Department of Homeland Security (IDHS) in preparing a Presidential Major Disaster Declaration request to ensure that mental health services support is requested.

The FSSA/DMHA will also manage and perform the following operational support functions during an emergency such as an influenza pandemic:

- Assist in the application preparation and attainment of federal grants (Federal Emergency Management Agency, FEMA; Substance Abuse and Mental Health Services Administration, SAMHSA). The grants will fund immediate crisis counseling needs of the population and work force suffering from the pandemic emergency and ongoing mental health and substance abuse service needs during the response and recovery phases.
- Managing contracts with mental health service providers including reporting emergency mental health service provision, funding expenditure and reimbursement, and the outcome of service provision.
- Managing emergency pandemic grants and funds including reporting emergency mental health service provision, funding acquisition and expenditure, and the outcome of service provision.
- Overseeing the quality of care provided by mental health service providers directly or through contracted regional mental health authorities.
- Maintaining surveillance of mental health needs and adjust the efforts accordingly in order to meet the workforces demand.
- Provide guidance on development of appropriate mental health information messages to the IDHS communications team.
- Upon request of the Indiana Department of Homeland Security or the Indiana State Department of Health, the Division of Mental Health and Addiction will deploy a mental health response team to the affected area during the response and/or recovery phase.

## **V. THE INTER-PANDEMIC AND PANDEMIC ALERT PERIODS**

Planning activities for the Interpandemic and Pandemic Alert Periods focus on the establishment of statewide psychosocial support services that will help workers manage emotional stress during the response to an influenza pandemic and resolve related personal, professional, and family issues.

### **A. Institutionalizing Statewide Psychosocial Support Systems**

FSSA/DMHA will assist local health departments, hospitals and healthcare organizations in planning for the provision of psychosocial support services that include the following activities:

- Sharing of information, available tools and systems.

- Encouraging the use of tools and techniques for supporting staff and their families during times of crisis.
- Provide mental health intervention training to local public and mental health staff to help employees cope with grief, stress, exhaustion, anger, and fear during an emergency.
- Encouraging the local health departments to establish partnerships with local community mental health agencies in order to provide outreach activities to the emergency responder community.

## **B. Preparing Workforce Support Materials**

The Indiana Family and Social Services Administration/Division of Mental Health and Addiction will work with the Indiana Department of Health in developing communication materials to assist employees and serve as a resource for the local and mental health agencies, healthcare providers, response workers and providers of essential services. The materials will be prepared utilizing in-house knowledge and resources developed by other agencies and entities. These resources include, but are not limited to, Centers for Disease Control and Prevention, American Psychological Association, Substance Abuse and Mental Health Services Administration. These materials shall be designed to:

- Educate and inform employees about emotional responses they might experience or observe in colleagues and families (including children) during influenza pandemic and techniques for coping with these emotions.
- Educate employees about the importance of developing “family communication plans”, so that family members can maintain contact during an emergency.
- Describe workforce support services that will be available during an emergency, including confidential mental health services and employee assistance programs.
- Answer questions about infection control practices to prevent the spread of influenza in the workplace (see Supplement 4).

## **C. Developing Workforce Resilience Programs**

Indiana Family and Social Services Administration/ Indiana Division of Mental Health and Addiction and the Indiana State Department of Health along with the local mental health and health departments will establish their own workforce resilience programs to help deployed workers prepare for, cope with, and recover from the social and psychological challenges of emergency work. The workforce resilience programs cope with the special challenges posed by an influenza pandemic. State and local response agencies should include the following components in their plans:

- Plan for a long response (i.e., more than 1 year).
- Identify pre-deployment briefing materials.
- Augment employee assistance programs (EAP) with social support services for the families of deployed workers.
- Provide program administrators and counselors with information on:
  - Cognitive, physiological, behavioral, and emotional symptoms that might be exhibited by patients and their families (especially children), including symptoms that might indicate severe mental disturbance.
  - Self-care in the field (i.e., actions to safeguard physical and emotional health and maintain a sense of control and self efficacy).
  - Cultural (e.g., professional, educational, geographic, ethnic) differences that can impact communication.
  - Special populations (e.g., children, ethnic or cultural groups, the elderly) may have different reactions to a pandemic.

## **VI. THE PANDEMIC PERIOD**

Actions for the Pandemic Period focus on the delivery of statewide psychosocial support services to response workers, provision of occupational health information to healthcare providers, and implementation of workforce resilience programs.

### **A. Delivering Psychosocial Support Services**

Indiana Family and Social Services Administration/ Indiana Division of Mental Health and Addiction, the Indiana State Department of Health, providers and local governments that employ essential service providers, will need to make full use of self-care and mental health interventions. This will help response workers manage emotional stress, family issues, build coping skills and resilience. These approaches and tools include:

- Stress control/resilience teams in hospitals should observe recommended infection control precautions as well as assist and support employees, foster cohesion and morale by:
  - Monitoring employee health and well-being (in collaboration with occupational health clinics, if possible).
  - Staffing “rest and recuperation sites”.
  - Distributing informational materials.
- Rest and recuperation sites. Sites can be stocked with healthy snacks and relaxation materials (e.g., music, relaxation tapes, movies), as well as pamphlets or notices about workforce support services.
- Confidential telephone support lines staffed by mental health professionals.
- Services to families of employees who work in the field, work long hours, and/or remain in hospitals or other workplaces overnight might include:
  - Assistance with elder and child care.
  - Help with issues related to the care or well-being of children.
  - Provision of cell phone or wireless communication devices to allow regular communication among family members.
  - Provision of information via websites or hotlines.
  - Access to expert advice and answers to questions about disease control measures and self care.

- Information for commuters. Workers might need alternative transportation and scheduling (e.g., carpooling, employer provided private transportation, alternate work schedules during off-peak hours) to avoid exposure to large groups of potentially infected persons.
- Services provided by community- and faith-based organizations. These activities can provide relaxation and comfort during trying and stressful times.

## **B. Providing Information to Responders**

Providers, especially those who work in hospitals, are likely to be under extreme stress during a pandemic. They will have special needs for open lines of communication with employers and access to up-to-date information. Access to information should include:

- International, national, and local progress of the pandemic.
- Work policies related to illness, sick pay, staff rotation, shift coverage, overtime pay, use of benefit time, transportation, and use of cell phones.
- Family issues, especially the availability of child care.
- Healthcare issues such as the availability of vaccines, antiviral drugs, and personal protective equipment (PPE); actions to address understaffing or depletion of PPE and medical supplies; infection control practices as conditions change; approaches to ensure patients' adherence to medical and public health measures without causing undue anxiety or alarm; management of agitated or desperate persons; guidance on distinguishing between psychiatric disorders and common reactions to stress and trauma; management of those who fear they may be infected, but are not (so-called "worried well"); and guidance and psychosocial support for persons exposed to large numbers of influenza cases and deaths and to persons with unusual or disturbing disease symptoms.
- Because healthcare workers might be called upon to fill in for sick colleagues and perform unfamiliar tasks, healthcare facilities and state and local public health agencies shall provide written instructions for "just-in-time" cross training on essential tasks.

- Other occupational groups that might participate in the response to pandemic influenza (including police, firefighters, and community outreach workers) shall have access to information and written materials (available on the Indiana Department of Health’s website) and other appropriate Health Alerts. This will help them anticipate mental reactions to public health measures such as movement restrictions (e.g., quarantine, isolation, closure of public events), an economic crisis, and/or abrupt loss of essential supplies and services.
- Stigmatization issues – Healthcare, mental health workers and other emergency responders, and public information officers, shall be provided with information on stigmatization or discrimination because of their role (including family members) in the pandemic influenza response.

### **C. Implementing Workforce Resilience Programs**

During an influenza pandemic, state and local response agencies need to implement workforce resilience programs that meet the special needs of emergency workers - including those with varying assignments and other personnel maintaining essential operations. First- responder or nongovernmental organizations that send employees or volunteers to assist patients in hospitals, non-hospital settings and at home should also establish similar programs.

State and local workforce resilience programs need to provide the following services:

- Pre-deployment/assignment
  - Conduct briefings and trainings on mental health, resilience, stress management issues, and coping skills.
  - Train supervisors in strategies for recognizing signs of stress and maintaining a supportive work environment.
- During deployment/assignment
  - To support responders in the field:
    - Deploy teams and/or assign “buddies” to maintain frequent contact and provide mutual help in coping with daily stresses.
    - Frequently monitor the occupational safety, health, and psychological well-being of deployed staff.

- Provide access to activities that help reduce stress (e.g., rest, hot showers, nutritious snacks, light exercise).
  - Provide mental health services when requested.
- For essential operations personnel:
  - Enlist stress control or resilience teams to monitor employees' occupational safety, health, and psychological well being.
  - Establish rest and recuperation sites and encourage their use.
  - Provide mental health services when requested.
- For families of responders:
  - Provide a checklist of necessary personal affairs documents that need to be assembled prior to departure. (e.g. benefits information, personal will, power of attorney)
  - Enlist employee assistance programs to provide family members with psychosocial support (e.g., family support groups, bereavement counseling, and courses on resilience, coping skills, and stress management).
  - Provide a suggestion box for input via e-mail or anonymous toll-free voice-mail.
  - Continue to provide outreach to employees' families to address ongoing psychological and social issues.
- Throughout the response, policies on personnel health and safety should be reviewed and revised, as needed.
- Post-deployment/assignment
  - Interview employees and family members (including children) to assess lessons learned that might be applied to future emergency response efforts.
  - Provide ongoing access to post-emergency psychosocial support services for employees and their families (on-site or through partner organizations).



- Conduct an ongoing evaluation of the after-effects of the pandemic on employees' health, morale, and productivity.