

## **Pandemic Influenza Information for First Responders: The Basic**

Satellite Conference and Live Webcast  
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Produced by the Alabama Department of Public Health  
Video Communications and Distance Learning Division

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## **Program Objectives**

- Ensure first responders understand the importance and potential of a future influenza pandemic by reviewing historical and current conditions.
- Understand the difference between Pandemic Influenza, avian and season flu.

## **Program Objectives**

- Describe how to plan and prepare for pandemic influenza at the state, local, organizational and individual level.
- Discuss why a Continuity Of Operations Plan is necessary and begin planning within your organization and/or community.

## **Program Objectives**

- Understanding the legal issues facing first responders and how they are protected.

## Understand, Plan and Respond to Pandemic Influenza

Cindy Lesinger  
Alabama Department of Public Health

## Outline

- History
- Current situation
- Federal response
- State response
- Organization plan
- Individual plan

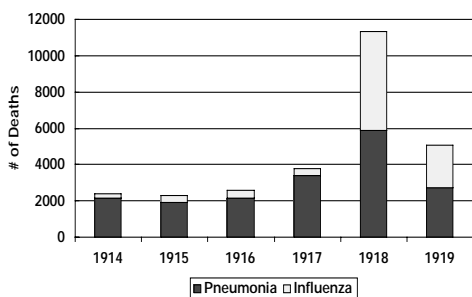
## 1918 Pandemic in Alabama

- 9/28/1918 - 1st AL case was in Huntsville
- 10/05/1918 - >1100 cases in Huntsville
- 10/07/1918 – Gov. Henderson “closing of schools, churches, theatres and picture shows....”
- 10/13/1918 - 2367 cases at Camp Sheridan (outside Montgomery)

## 1918 Pandemic in Alabama

- 10/13/1918 – “All but 1, physicians, druggists and prescription clerks in Huntsville ill”
- 10/15/1918 – “Huntsville: Business demoralized; USPS crippled; AL Power having difficulty finding employees; Business ordered to curtail hours of operation”
- 10/22/1918 - 12,000 cases reported in Montgomery

## Alabama Influenza & Pneumonia Deaths 1914 - 1919



## What is a Pandemic?

- No immunity to virus
- Transmits easily person-to-person
- Large increase in illness and deaths

## Cumulative Number of Confirmed Human Cases of H5N1

29 June 2007

Country	2003		2004		2005		2006		2007		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	6	5	0	0	6	5
Cambodia	0	0	0	0	4	4	2	2	1	1	7	7
China	1	1	0	0	6	5	13	6	3	2	25	16
Djibouti	0	0	0	0	0	0	1	0	0	0	1	0
Egypt	0	0	0	0	0	0	18	10	19	5	37	15
Indonesia	0	0	0	0	20	13	55	45	26	22	101	80
Iraq	0	0	0	0	0	0	3	2	0	0	3	2
Laos												
People's Democratic Republic	0	0	0	0	0	0	0	2	2	2	2	2
Nigeria	0	0	0	0	0	0	0	0	1	1	1	1
Thailand	0	0	17	12	5	2	3	3	0	0	25	17
Turkey	0	0	0	0	0	0	12	4	0	0	12	4
Viet Nam	3	3	29	20	61	19	0	0	2	0	95	42
<b>Total</b>	<b>4</b>	<b>4</b>	<b>46</b>	<b>32</b>	<b>96</b>	<b>43</b>	<b>115</b>	<b>79</b>	<b>54</b>	<b>33</b>	<b>317</b>	<b>191</b>

## Nations with Confirmed Cases of H5N1



"Any community that fails to prepare, with the expectation that the federal government or, for that matter, the state government will be able to step forward and come to their rescue at the final hour, will be tragically wrong, not because the government will lack a will, not because we will lack a collective wallet, but because there is no way that you can respond to every hometown in America at the same time."

Secretary Michael Leavitt  
April 20, 2006



## HHS Federal Planning Assumptions

- Plan for most severe
- Attack rate 30% or higher
  - 40% school-aged children
  - 20% working adults
- 1/2 of ill will seek care

## HHS Federal Planning Assumptions

- Incubation period – time between acquiring the infection until becoming ill averages two days
- Viral shedding and transmission risk
  - One day before - five days after onset of illness
  - Highest during the first two days of illness
  - Children shed more

## HHS Federal Planning Assumptions

- One sick person will make two sick
- Outbreaks 6-8 weeks
- Multiple waves

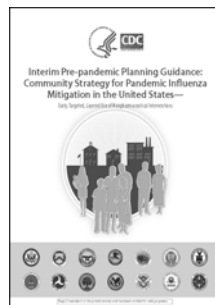
## Absenteeism Up to 40%

- Illness
- Fear of infection
- Care provision

## Forecasted Impact of Pandemic Influenza

Characteristic	Alabama	
	Moderate (1958/68-like)	Severe (1918-like)
Illness (30%)	1.35 million	1.35 million
Outpatient Medical Care (50%)	675,000	675,000
Hospitalization	12,975	148,500
ICU care	1,931	22,275
Mechanical ventilation	973	11,183
Deaths	3,135	28,545

Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions



<http://pandemicflu.gov/plan/community/commitigation.html>

## Nonpharmaceutical Interventions (NPIs)

- Voluntary isolation
- Voluntary quarantine
- Dismissal of students
- Reduce out-of-school contact
- Decrease number of social contacts
- Increase distance between people
- Modify, postpone or cancel public gatherings
- Modify work place schedules and practices

## Pandemic Severity Index (PSI)

Case Fatality Ratio		Projected Number of Deaths US Population, 2006
>2.0%	Category 5	>1,800,000
<1.0% - <2.0%	Category 4	900,000 - <1,800,000
<0.5% - <1.0%	Category 3	450,000 - <900,000
<0.1% - <0.5%	Category 2	90,000 - <450,000
<0.1%	Category 1	<90,000

## During PSI Category 4 and 5

- All NPIs would be recommended
- Dismissal of students up to 12 weeks
- Reduce out-of-school contact up to 12 weeks

## NPI Consequences

- Economic impact to families
- Potential disruption to all employers
- Access to essential goods and services
- Disruption of school-related services

## ADPH Vision

Postpone and minimize the impact of pandemic influenza in Alabama.

## ADPH Mission

- Ensure every Alabama citizen is aware of, planning for and preparing for the possibility of pandemic influenza (PI).
- Ensure every county/community is self sufficient during a pandemic.

## ADPH State-Level Activities

- Stockpile antivirals and medical supplies
- Coordinate seven sectors
  - Business
  - Communications
  - Education
  - Faith-based / community
  - First responders
  - Government
  - Healthcare
- [www.adph.org/pandemicflu](http://www.adph.org/pandemicflu)
- Click on sector conference call page

## Resources Stockpiled

- 1,000,000 surgical masks
- 400,000 N95 masks
- 500,000 antiviral treatment courses
- 200,000 syringes
- 100,000 biological hazard kits
- 2,000 body bags
- General clinic supplies
- Medical Stations
- EP team “go-kits”
- Lab specimen collection kits
- SNS and PI federal assets



<http://virus.stanford.edu/uda/>  
An Emergency Hospital for Influenza Patients



U.S. Army Camp Hospital No. 45,  
Aix-Les-Bains, France,  
Influenza Ward No. 1, 1918

### **Potential Care Sites**

- Medical Needs Shelter (MNS) – mild to moderate care to people with certain medical conditions when hospitals are overwhelmed
- Alternate care – comfort measures to people who have no one to care them and the hospital care is not appropriate

### **State PI Operational Plan**

- Internal ADPH
  - Mass vaccination
  - Public health COOP
  - Surveillance and laboratory
  - Communication
  - Meet patient surge
  - Facilitating medical surge
  - Fatality management

### **State PI Operational Plan**

- External ADPH
  - Education
  - Continuity of critical functions
  - Sustainment of economy, trade and business
  - State workforce
  - Safety and public security
  - Agriculture and food
  - Foreign diplomacy in United States

### **[www.pandemicflu.gov](http://www.pandemicflu.gov) Checklists**

- Individual
  - Pandemic flu planning checklist for individuals and families
  - Family emergency health information sheet

### **[www.pandemicflu.gov](http://www.pandemicflu.gov) Checklists**

- Workplace
  - Emergency medical services and non-emergent (medical) transport organizations pandemic influenza planning checklist
  - Business pandemic influenza planning
  - Health insurer pandemic influenza planning

### **County Health Department Activities**

- Convene a pandemic influenza preparedness committee
- Exercise some part of the plan
- After-action report within 60 days
- Complete the HHS state and local checklist
- Call local county health department to get more information



## Trivia Pursuit

- Sneeze and cough droplets travel at 120 miles per hour
- Influenza virus lives on hard surfaces for 48 hours
- Average person touches their face 400 x per day

## Individuals and Families Checklist

- Stockpile
  - Food and water
  - Drugs
    - Prescription
    - Non-prescription
- Family members
  - What do they need if they get sick?
  - How would you care for them at home?

## Individuals and Families Checklist

- Train
  - Cough etiquette
  - Hand washing
  - Stay home if sick

## Home Care Issues

- Limit caregivers
- Keep fever and pain down
- Keep hydrated
- Record medicine given to patient
- Dispose or clean and sterilize items exposed

## Don't Count on Vaccine or Antivirals

- Vaccine
  - Most effective
  - Not available for at least 6-months after the PI strain identified and then only for priority groups
  - Unlikely a well-matched vaccine at the beginning would be available

## Don't Count on Vaccine or Antivirals

- Antivirals
  - Unknown effectiveness
  - In 2008, U.S. will have enough antivirals for 25% of the U.S. population in a priority group



## Interim Mask Guidance for Non-Healthcare Setting

- No single action will provide complete protection.
- When used correctly they may help prevent some exposures.
- Avoid close contact and crowded conditions during an influenza pandemic.

## Interim Mask Guidance for Non-Healthcare Setting

- Consider respirators or N95 masks when in close contact with an infectious person, for example, caring for sick family member(s)
- Revised as new information becomes available

## What Should I Do Now?

- Stay up-to-date on PI
- Educate and prepare family
- Educate and prepare staff
- Create an Organization COOP
- Get involved locally and educate others

## Questions?

- To get involved in your community contact your local county health department
- To find out more information go to [www.pandemicflu.gov](http://www.pandemicflu.gov) or [www.adph.org/pandemicflu](http://www.adph.org/pandemicflu)



## Questions?

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## Continuity of Operations Planning (COOP)

Kelly M. Stevens, M.S.

## What Would Your Agency Do IF

- There was a fire in your building?
- A pipe burst in your building, flooding offices?
- The area flooded and all the agency vehicles were damaged or destroyed?
- There was a major metropolitan power outage?
- A pandemic influenza outbreak occurred and 40% of your workforce was unavailable?

## Continuity of Operations Planning (COOP)

- The goal is to be prepared to implement measures that will assure continued business operations in the face of a major event that disrupts the normal workplace and/or chain of command.

## Continuity of Operations Planning (COOP)

- The COOP Plan will provide guidance and policy for personnel to ensure the organization maintains the capacity to fulfill all essential functions in the event that operations are threatened.

## Key Concepts

- During a COOP event, organization operations will not be business as usual. The continuity of time-critical, "essential" functions is paramount.
- When the COOP plan is activated alternate business practices may be invoked. When a COOP event occurs, the organization must be capable of implementation at any time – with or without warning.

### **Key Concepts**

- Organizations should be able to implement the plan and attain operational capability within 12 hours of notification of a COOP event and be able to continue operations for at least 30 days after the emergency.

### **Assumptions**

- The type and magnitude of the effects of a diminished work environment cannot be predicted. Therefore, the scope of the plan should be broad enough to encompass a variety of emergencies and hazards.
- It is assumed that cooperating agencies will coordinate their respective COOP plans.

### **Assumptions**

- It is assumed that planning will take place at the local level and that resources and personnel outside the affected area may be requested as necessary, and made available wherever possible, to continue essential functions.

### **COOP Implementation Phase I**

- **Activation:** Develop an executive decision process that allows for the quick and accurate assessment of the emergency and determination of the best course of action for response and recovery.

### **COOP Implementation Phase I**

- Develop employee alert and notification procedures. Develop and keep updated any tools used in the alert and notification process such as call-down rosters.

### **COOP Implementation Phase II**

- **Alternate facilities and processes:** Identify site, processes, arrival procedures, staffing schedules, as well as operational procedures for the continuation of essential functions and services. Identify mission critical systems, vital files, records, and databases.

### **COOP Implementation Phase III**

- Reconstitution: Develop procedures for returning to normal operations. Address notification procedures for all employees returning to work.

### **Elements of a COOP Plan**

- Leadership: delegation of authority and order of succession
- Essential functions/services
- Essential staff: key positions – primary and alternates
- Resource requirements
- Vital records, databases, and systems

### **Elements of a COOP Plan**

- Interoperable communications
- Alternate facilities (and/or processes)
- Reconstitution
- Training and testing
- Plan maintenance

### **Leadership**

- Leadership: delegation of authority and order of succession.
- Delegations of authority specify who, by position, is authorized to make decisions or act on behalf of the agency director or other key individuals.

### **Leadership**

- Identify the highest position of authority and other leadership/key positions within the agency. Pre-delegate authorities for making key policy determinations and decisions during a COOP event.

### **Leadership**

- Identify order of succession for the assumption of agency leadership positions when the leaders or officials are unable or unavailable to execute their duties. This allows for an orderly and predefined transition of leadership.

### **Leadership**

- Establish succession procedures: conditions under which succession will take place, method of notification, and terminating conditions.

### **Essential Functions and Services**

- List the organization's prioritized functions and activities that must continue under any circumstances.
- Prioritize the Essential Functions and Services as measured by time criticality (the amount of time that a function/service can be suspended before it adversely affects the organization's core mission).

### **Essential Functions and Services**

- Identify functions that can be suspended while staff is reassigned to more critical roles or until additional personnel and resources become available.

### **Essential Staff: Primary and Alternates**

- Each essential function/service requires personnel and special skills to accomplish the mission.
- Identify key personnel and alternates.
- Identify staff from non-essential areas that can be cross trained to backfill essential functions.

### **Resource Requirements Vital Records, Databases, and Systems**

- Each essential function/service requires equipment and systems, vital records and data, and consumable supplies to accomplish the mission.

### **Resource Requirements Vital Records, Databases, and Systems**

- Identify equipment, critical data and records, hardcopy documents, and supplies required to perform the essential functions and services within 12 hours and for at least 30 days following the emergency.

### **Resource Requirements Vital Records, Databases, and Systems**

- Identify procedures important to the protection, duplication, and movement of records vital to the organization's essential functions and services.
  - Include emergency operating records (plans and staff assignments), legal and financial records.

### **Interoperable Communications**

- Identify and make available the data and communication systems to support the essential functions and services.
- Include secure and non-secure communications – voice, fax, data, internet, email, radio.

### **Interoperable Communications**

- Establish procedures for communications between the agency's COOP team, management, and key staff.
- Establish procedures for communications with other organizations, emergency personnel, critical customers, and the public.

### **Alternate Facilities and Processes**

- Provide for sustained operations within 12 hours and for at least up to 30 days.
- Identify, pre-position, and maintain equipment and other resources required for an alternate site and or process: (e.g., portable computers, printers, office supplies, medical supplies).

### **Alternate Facilities and Processes**

- Identify and establish pre-positioned resources and contingency contracts and MOUs with appropriate resource providers.
- Ensure alternate facilities provide for logistical support, services and infrastructure systems: e.g., water, power, heating and cooling.

### **Reconstitution**

- Develop procedures for returning to normal operations.
- Address notification procedures for all employees returning to work.
- Create the process to assess the sufficiency of resources to commence reconstitution efforts.

### **Training and Exercise**

- Each agency employee plays a role in the agency's COOP readiness. Each unit must know how to execute its portion of the COOP plan and how it relates to the COOP plan for the entire agency. To achieve this, an agency must train all personnel and conduct drills.

### **Training and Exercise**

- Develop test, train and exercise plans that provide annual individual and team training of agency COOP personnel, annual agency testing and exercising of COOP plans and procedures, quarterly testing of alert and notification procedures and systems, refresher orientation of staff, and joint agency exercising of COOP plans.

### **Plan Maintenance**

- Review COOP plan annually focusing on the essential issues:
  - Maintaining overall plan currency and readiness - procedures, equipment, systems, personnel, and rosters.
  - Resolving COOP plan policy issues.
  - Advising agency leader on COOP-related matters.

### **Plan Maintenance**

- Review COOP plan annually focusing on the essential issues:
  - Coordinating with related plans.
  - Conducting training, testing, and exercises.
  - Incorporating lessons learned from exercises as well as from any actual event that occurred during the year.

### **COOP Resources**

- Emergency Medical Service and Non-emergent (Medical) Transport Organizations Pandemic Influenza Planning Checklist – [www.Pandemicflu.Gov](http://www.Pandemicflu.Gov)
  - An infection control plan is in place
  - An occupational health plan has been developed

### **COOP Resources**

- Key Elements of Departmental Pandemic Influenza Operational Plans - [www.pandemicflu.gov/plan/federal/operationalplans.html](http://www.pandemicflu.gov/plan/federal/operationalplans.html)

## First Responders – What You Need to Know

First Responders' Legal Issues  
John R. Wible, General Counsel  
Alabama Department of Public Health  
Summer, 2007



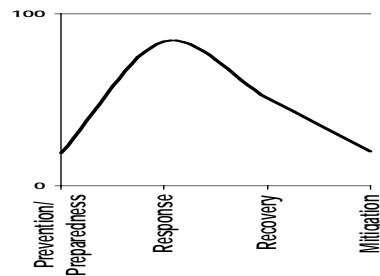
## Program Objectives

- You will be made aware of:
  - Nature of emergencies.
  - Types of potential liability.
  - Constitutional and state liability protections.
  - Isolation and quarantine issues.

## Government Authority to Act in Emergencies: Model

- Legal authority is at its peak at the emergency's peak.
- As crisis comes under control, legal authority is subject to greater legal constraints.
- And attention shifts to responsibility for costs and damages/losses.

## Government Authority to Act in Emergencies: Model



## Types of Civil Liability

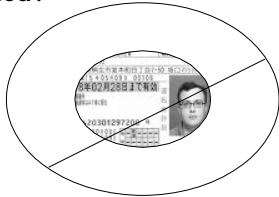
- Malpractice and professional liability
- General tort liability – negligence or an act or omission
- Gross negligence, wanton misconduct, bad faith
- Vicarious liability/Respondeat superior
- Negligent recruitment/training/supervision
- Premises liability

## Criminal Complaints

- Trespass
- Assaults
- Theft of property
- Conversion
- Offenses involving sexual misconduct

## Administrative Issues

- Licensure issues in a new state
- Issues in your state
- Temporary licenses – are they needed?



## An Additional Worry – A lawyer to Defend You



Atticus Finch worked cheap –  
Dewey, Cheatam and Howe won't

## Constitutional and Statutory Immunities

- This means provisions for:
  - Sovereign Immunity for the State.
  - Immunity for State Agencies.
  - Qualified Immunity for state employees and volunteers.
- This does not protect against simple negligence.

## Risk Management Protections

- “The Fund”
- Applies to all state employees
- \$1 Million liability coverage Includes professional liability coverage
- Provides competent counsel
- The board of adjustments

## What is Quarantine?

- Hint: it goes back to the 14th Century.
- Dealt with ships and the bubonic plague.

## What Happens?

- An order is issued by proper authorities.
- The person or place is “locked down.”
- No one in – no one out.
- Enforced by civil authorities.
- Fines and jail time for “breaking quarantine.”
- Arrests without a warrant.



### **Quarantine Principles**

- Detention must be “by least restrictive means necessary.”
- Separate isolated from quarantined individuals.
- Monitor health status of individuals.
- Attend to needs of detained individuals.
- Safe and hygienic detention facility.
- Consider cultural and religious beliefs (to the extent possible).

### **Quarantine Alternatives**

- Use of masks, gloves
- “Snow Day” and “Shelter-in-Place”
- Voluntary isolation/quarantine (in designated facility)
- Telephone monitoring in the home
- “Work Quarantine”
- Active use of law enforcement officers to serve process and monitor

### **Isolation (Commitment) Statutes**

- Section 22-11A-23 – Voluntary testing and treatment
- Section 22-11A-24 – Involuntary testing and treatment
- Section 22-11A-28 – Instantaneous Detaining
- Used most effectively with tuberculosis

### **Emergency Declarations**

- Red Scare – Genesis of emergency management
- Under Code of Ala.1975, § 31-9-2, Governor proclaims an “emergency” defined as:
  - Enemy attack, sabotage or “other hostile action;”
  - Fire, flood and “other natural causes.”
  - “Public Health Emergencies,” a special class

### **Personal and Premises Liability Protections**

- Except for willful misconduct, gross negligence or bad faith, any “emergency management worker” is granted state officer immunity.
- Requirements for licenses to practice do not apply.
- “Emergency worker” is anyone helping out whether paid or not.
- Protections may be available for “loaners.”

### **Volunteer Service Acts See Code § 6-5-336**

- The volunteer is immune from civil liability in any action, on the basis of any act or omission, resulting in damage or injury if:
  - Acting gratuitously and in good faith.
  - Within the scope of duties.
  - For a covered organization.
  - Damage or injury was not caused by bad conduct.

### **The Good Samaritan Act**

- May apply to medical professionals and others
- Gratuitously and in good faith
- Renders first aid or emergency care
- At the scene
- Is not liable for any civil damages