

## Appendices

### Appendix 1 - Glossary of Terms

*Absenteeism rate:* Proportion of employed persons absent from work at a given point in time or over a defined period of time.

*Antiviral medications:* Medications presumed to be effective against potential pandemic influenza virus strains and which may prove useful for treatment of influenza-infected persons or for prophylactic treatment of persons exposed to influenza to prevent them from becoming ill. These antiviral medications include the neuraminidase inhibitors oseltamivir (Tamiflu®) and zanamivir (Relenza®).

*Case fatality ratio:* Proportion of deaths among clinically ill persons.

*Childcare:* Childcare programs discussed in this guidance include 1) centers or facilities that provide care to any number of children in a nonresidential setting, 2) large family childcare homes that provide care for seven or more children in the home of the provider, and 3) small family childcare homes that provide care to six or fewer children in the home of the provider.

*Children:* In this document children are defined as 17 years of age or younger unless an age is specified or 12 years of age or younger if teenagers are specified.

*Clinically ill:* Those persons who are infected with pandemic influenza and show signs and symptoms of illness.

*Colleges:* Post-high school educational institutions (i.e., beyond 12th grade).

*Community mitigation strategy:* A strategy for the implementation at the community level of interventions designed to slow or limit the transmission of a pandemic virus.

*Cough etiquette:* Covering the mouth and nose while coughing or sneezing; using tissues and disposing in no-touch receptacles; and washing of hands often to avoid spreading an infection to others.

*Countermeasures:* Refers to pre-pandemic and pandemic influenza vaccine and antiviral medications.

*Critical infrastructure:* Systems and assets, whether physical or virtual, so vital to the United States that the incapacitation or destruction of such systems and assets would have a debilitating impact on national security, economy, or public health and/or safety, either alone or in any combination. Specifically, it refers to the critical infrastructure sectors identified in Homeland Security Presidential Directive 7 (HSPD-7).

*Early, targeted, and layered nonpharmaceutical interventions (NPIs) strategy:* A strategy for using combinations of selected community-level NPIs implemented early and consistently to slow or limit community transmission of a pandemic virus.

*Excess rate:* Rate of an outcome (e.g., deaths, hospitalizations) during a pandemic above the rate that occurs normally in the absence of a pandemic. It may be calculated as a ratio over baseline or by subtracting the baseline rate from the total rate.

*Face mask:* Disposable surgical or procedure mask covering the nose and mouth of the wearer and designed to prevent the transmission of large respiratory droplets that may contain infectious material.

*Faith-based organization:* Any organization that has a faith-inspired interest.

*Generation time:* Average number of days taken for an ill person to transmit the infection to another person.

*Hand hygiene:* Hand washing with either plain soap or antimicrobial soap and water or use of alcohol-based products (gels, rinses, foams containing an emollient) that do not require the use of water.

*Illness rate or clinical attack rate:* Proportion of people in a community who develop illness (symptomatic cases ÷ population size).

*Incident of National Significance:* Designation is based on criteria established in Homeland Security Presidential Directive 5 and include events with actual or potential high-impact that requires a coordinated and effective response by Federal, State, local, tribal, nongovernmental, and/or private sector entities in order to save lives, minimize damage, and provide the basis for long-term community recovery and mitigation activities.

*Incubation period:* The interval (in hours, days, or weeks) between the initial, effective exposure to an infectious organism and the first appearance of symptoms of the infection.

*Infection control:* Hygiene and protective measures to reduce the risk of transmission of an infectious agent from an infected person to uninfected persons (e.g., hand hygiene, cough etiquette, use of personal protective equipment, such as face masks and respirators, and disinfection).

*Influenza pandemic:* A worldwide epidemic caused by the emergence of a new or novel influenza strain

to which humans have little or no immunity and which develops the ability to infect and be transmitted efficiently and sustainably between humans.

*Isolation of ill people:* Separation or restriction of movement of persons ill with an infectious disease in order to prevent transmission to others.

*Mortality rate:* Number of deaths in a community divided by population size of community over a specific period of time (e.g., 20 deaths per 100,000 persons per week).

*Nonpharmaceutical intervention (NPI):* Mitigation measure implemented to reduce the spread of an infectious disease (e.g., pandemic influenza) but one that does not include pharmaceutical products, such as vaccines and medicines. Examples include social distancing and infection control measures.

*Pandemic vaccine:* Vaccine for a specific influenza virus strain that has evolved the capacity for sustained and efficient human-to-human transmission. This vaccine can only be developed once the pandemic strain emerges.

*Personal protective equipment (PPE):* PPE is any type of clothing, equipment, or respiratory protection device (respirators) used to protect workers against hazards they encounter while doing their jobs. PPE can include protection for eyes, face, head, torso, and extremities. Gowns, face shields, gloves, face masks, and respirators are examples of PPE commonly used within healthcare facilities. When PPE is used in a workplace setting to protect workers against workplace hazards, its use must be consistent with regulations issued by the Occupational Safety and Health Administration (<http://www.osha.gov/index.html>).

*Post-exposure prophylaxis:* The use of antiviral medications in individuals exposed to others with influenza to prevent disease transmission.

*Pre-pandemic vaccine:* Vaccine against strains of influenza virus in animals that have caused isolated

infections in humans and which may have pandemic potential. This vaccine is prepared prior to the emergence of a pandemic strain and may be a good or poor match (and hence of greater or lesser protection) for the pandemic strain that ultimately emerges.

*Prophylaxis:* Prevention of disease or of a process that can lead to disease. With respect to pandemic influenza, this specifically refers to the administration of antiviral medications to healthy individuals for the prevention of influenza.

*Quarantine:* A restraint upon the activities or communication (e.g., physical separation or restriction of movement within the community/work setting) of an individual(s) who has been exposed to an infection but is not yet ill to prevent the spread of disease; quarantine may be applied voluntarily (preferred) or on compulsory basis dependent on legal authority.

*Rapid diagnostic test:* Medical test for rapidly confirming the presence of infection with a specific influenza strain.

*Recrudescence:* Reappearance of a disease after it has diminished or disappeared.

$R_0$  ("reproductive number"): Average number of infections resulting from a single case in a fully susceptible population without interventions.  $R_t$ , the reproductive number at a given time,  $t$ .

*Schools:* Refers to public and private elementary, middle, secondary, and post-secondary schools (colleges and universities).

*Schools (K-12):* Refers to schools, both public and private, spanning the grades kindergarten through 12th grade (elementary through high school).

*Seasonal influenza:* Influenza virus infections in familiar annual patterns.

*Second- and third-order consequences:* Chains of effects that may arise as a consequence of intervention

and which may require additional planning and intervention to mitigate. These terms generally refer to foreseeable unintended consequences of intervention. For example, dismissal of students from schools may lead to workplace absenteeism for child minding. Subsequent workplace closings due to high absenteeism may lead to loss of income for employees, a third-order effect that could be detrimental to families living at or near subsistence levels.

*Sector:* A subdivision (sociological, economic, or political) of society.

*Social distancing:* Measures to increase the space between people and decrease the frequency of contact among people.

*Surge capacity:* Refers to the ability to expand provision of services beyond normal capacity to meet transient increases in demand. Surge capacity within a medical context includes the ability of healthcare or laboratory facilities to provide care or services above their usual capacity and to expand manufacturing capacity of essential medical materiel (e.g., vaccine) to meet increased demand.

*Surgical mask:* Disposable face masks that covers the mouth and nose and comes in two basic types. The first type is affixed to the head with two ties and typically has a flexible adjustment for the nose bridge. This type of surgical mask may be flat/pleated or duck-billed in shape. The second type of surgical mask is pre-molded, or cup shaped, and adheres to the head with a single elastic strap and usually has a flexible adjustment for the nose bridge. Surgical masks are used to prevent the transmission of large particles.

*Telework:* Refers to activity of working away from the usual workplace (often at home) through telecommunication or other remote access means (e.g., computer, telephone, cellular phone, fax machine).

*Universities:* Educational institutions beyond 12th grade (post high school).

*Viral shedding:* Discharge of virus from an infected person.

*Virulence:* The ability of the pathogen to produce disease; or the factors associated with the pathogen to affect the severity of diseases in the host.

*Voluntary:* Acting or done of one's own free will without legal compulsion (e.g., voluntary household quarantine).

## Appendix 2 – Interim Guidance Development Process

This guidance document was developed through a collaborative process that gathered input from a variety of sources, including subject-matter experts, peer-reviewed scientific literature, current research, and stakeholders (i.e., Federal agencies, public health officials, and the public). A working group composed of Federal, State, and local public health officials and representatives from the Association of State and Territorial Health Officials (ASTHO), the Council of State and Territorial Epidemiologists (CSTE), the National Association of County and City Health Officials (NACCHO), the Infectious Disease Society of America (IDSA), and the National Association of Local Boards of Health (NALBOH) met periodically to review and evaluate evidence derived from the following sources:

- Preliminary statistical analyses of historical data on the implementation of selected NPIs in U.S. cities during the 1918 pandemic.
- Stakeholder input from interagency outreach meetings with public health, private sector, labor unions, faith-based and community partners.
- Proceedings of community public engagement meetings conducted in five U.S. cities (Atlanta, GA; Lincoln, NE; Seattle, WA; Syracuse, NY; Washington, DC) in October-November 2006.
- Public opinion poll results conducted by the Harvard School of Public Health in September-October 2006 surveying 1,697 adults in the United States regarding their willingness to follow public health officials' recommendations for selected pandemic mitigation interventions.
- Peer-reviewed mathematical modeling to assess potential pandemic mitigation interventions during an influenza pandemic.
- Expert opinion of public health officials, including

published findings and recommendations of the Committee on Modeling Community Containment for Pandemic Influenza (Institute of Medicine, 2006).

- Preliminary results from a November 2006 Epi-Aid investigation of a seasonal influenza outbreak with associated school closure.
- Preliminary results from review of legal authorities/policies of school closure in each state conducted by the Center for Law and the Public's Health.

In addition, stakeholders from government, academia, private industry, educational organizations, and faith-based and community organizations reviewed and evaluated these data during public stakeholder meetings in June and December 2006. The opinions from individuals in the working group and stakeholders were considered during the writing of this guidance.

Pandemic planning with respect to the implementation of these pandemic mitigation interventions must be citizen-centric and support the needs of people across society in as equitable a manner as possible. Accordingly, the process for developing this interim pre-pandemic guidance sought input from key stakeholders, including the public. While all views and perspectives were respected, a hierarchy of values did in fact emerge over the course of the deliberations. In all cases, the question was whether the cost of the interventions was commensurate with the benefits they could potentially provide. Thus, there was more agreement on what should be done when facing a severe pandemic with a high case fatality ratio (e.g., a 1918-like pandemic) than on what should be done

when facing a pandemic with a lower case fatality ratio (e.g., a 1968-like pandemic); even with the inherent uncertainties involved, the cost-benefit ratio of the interventions clearly becomes more favorable as the severity increases and the number of lives potentially saved increases. Many stakeholders, for example, expressed concern about the effectiveness of the proposed interventions, which cannot be demonstrated *a priori* and for which the evidence base is limited and of variable quality. However, where high rates of mortality could be anticipated in the absence of intervention, a significant majority of stakeholders expressed their willingness to “risk” undertaking interventions of uncertain effectiveness in mitigating disease and death. Where scenarios that

would result in 1918-like mortality rates were concerned, most stakeholders reported that aggressive measures would be warranted and that the value of the lives potentially saved assumed precedence over other considerations. However, the feasibility of these approaches has not been assessed at the community level. Local, State, regional, and Federal exercises will need to be conducted to obtain more information about the feasibility and acceptance of these measures. In addition, ongoing engagement with the public, especially vulnerable populations, is essential.

**CDC Community Mitigation Strategy Team acknowledges the following for their contributions to the development of this document**

Department of Health and Human Services	Association of State and Territorial Health Officials
Department of Commerce	Council of State and Territorial Epidemiologists
Department of Defense	Harvard School of Public Health
Department of Education	Infectious Diseases Society of America
Department of Homeland Security	Institute of Medicine
Department of the Interior	National Association of County and City Health Officials
Department of Justice	National Association of Local Health Boards
Department of Labor	MIDAS Modelers
Department of State	University of Michigan
Department of Transportation	
Department of the Treasury	
United States Department of Agriculture	
United States Environmental Protection Agency	
United States Office of Personnel Management	
Department of Veterans Affairs	
White House Homeland Security Council	

## Appendix 3 - WHO Phases of a Pandemic/ U.S. Government Stages of a Pandemic

### PANDEMIC INFLUENZA

## WHO Global Pandemic Phases and the Stages for Federal Government Response

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





## Appendix 4 - Pandemic Influenza Community Mitigation Interim Planning Guide for Businesses and Other Employers

### Purpose

This Interim Planning Guide for Businesses and Other Employers is provided as a supplement to the *Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions*. This guide is intended to assist in pre-pandemic planning. Individuals and families, employers, schools, and other organizations will be asked to take certain steps (described below) to help limit the spread of a pandemic, mitigate disease and death, lessen the impact on the economy, and maintain societal functioning. This guidance is based upon the best available current data and will be updated as new information becomes available. During the planning process, Federal, State, local, tribal, and territorial officials should review the laws, regulations, and policies that relate to these recommendations, and they should include stakeholders in the planning process and resolution of issues.

Businesses and other employers (including local, State, and Federal agencies and other organizations) will be essential partners in protecting the public's health and safety when a pandemic occurs. This *Pandemic Influenza Community Mitigation Interim Planning Guide for Businesses and Other Employers* provides guidance to these groups by describing how they might prepare for, respond to, and recover from an influenza pandemic. When an influenza pandemic starts, public health officials will determine the severity of the pandemic and recommend actions to protect the community's health. People who become severely ill may need to be cared for in a hospital. However, most people with influenza will be safely cared for at home.

Community mitigation recommendations will be based on the severity of the pandemic and may include the following:

1. Asking ill people to voluntarily remain at home and not go to work or out in the community for about 7-10 days or until they are well and can no longer spread the infection to others (ill individuals may be treated with influenza antiviral medications, as appropriate, if these medications are effective and available).
2. Asking members of households with a person who is ill to voluntarily remain at home for about 7 days (household members may be provided with antiviral medications, if these medications are effective and sufficient in quantity and feasible mechanisms for their distribution have been developed).
3. Dismissing students from schools (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs for up to 12 weeks, coupled with protecting children and teenagers through social distancing in the community, to include reductions of out-of-school social contacts and community mixing. Childcare programs discussed in this guidance include centers or facilities that provide care to any number of children in a nonresidential setting, large family childcare homes that provide care for seven or more children in the home of the provider, and small family childcare homes that provide care to six or fewer children in the home of the provider.<sup>1</sup>
4. Recommending social distancing of adults in the community, which may include cancellation of large public gatherings; changing workplace environments and schedules to decrease social density and preserve

a healthy workplace to the greatest extent possible without disrupting essential services; ensuring work-leave policies to align incentives and facilitate adherence with the measures outlined above.

Planning now for a severe pandemic (and adjusting your continuity plan accordingly) will help assure that your business is prepared to implement these community recommendations. Businesses and other employers should be prepared to continue the provision of essential services during a pandemic even in the face of significant and sustained absenteeism. Pandemic preparation should include coordinated planning with employees and employee representatives and critical suppliers. Businesses should also integrate their planning into their communities' planning. These preparedness efforts will be beneficial to your organization, staff, and the community, regardless of the severity of the pandemic. The following provide information to guide business planning for a pandemic: *Business Pandemic Influenza Planning Checklist* ([www.pandemicflu.gov/plan/business/businesschecklist.html](http://www.pandemicflu.gov/plan/business/businesschecklist.html)), the *Pandemic Preparedness Planning for U.S. Businesses with Overseas Operations Checklist*, (<http://www.pandemicflu.gov/plan/business/businessesoverseaspdf.pdf>), and the *Pandemic Influenza Preparedness, Response and Recovery Guide for Critical Infrastructure and Key Resources* (<http://www.pandemicflu.gov/plan/pdf/cikrpandemicinfluenzaguide.pdf>). In addition, recommendations for implementation of pandemic mitigation strategies are available at [www.pandemicflu.gov](http://www.pandemicflu.gov). Reliable, accurate, and timely information on the status and severity of the pandemic also will be posted on [www.pandemicflu.gov](http://www.pandemicflu.gov). Additional information is available from the Centers for Disease Control and Prevention (CDC) Hotline: 1-800-CDC-INFO (1-800-232-4636). This line is available in 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).

## Recommendations for Planning

### Plan for ill individuals to remain at home

- Plan for staff absences during a pandemic due to personal illness.
  - Encourage ill persons to stay home during a pandemic and establish return-to-work policies after illness.
  - Identify critical job functions and plan for their continuity and how to temporarily suspend non-critical activities, cross-train employees to cover critical functions, and cover the most critical functions with fewer staff.
  - Identify employees who might need extra assistance to stay home when they are ill because, for example, they live alone or are disabled.
  - Review Federal and State employment laws that identify your employer obligations and options for employees.
- Establish and clearly communicate policies on sick (and other) leave and employee compensation.
- Develop a workplace culture that recognizes and encourages behaviors such as voluntarily staying home when ill in order to get well and to avoid spreading infection to others.
- Develop policies on what to do when a person becomes ill at the workplace.
- Provide employees with information on taking care of ill people at home. Such information will be posted on [www.pandemicflu.gov](http://www.pandemicflu.gov).

### 2. Plan for all household members of a person who is ill to voluntarily remain at home

- Plan for staff absences related to family member illness.
  - Identify critical job functions and plan for their continuity and how to temporarily suspend non-critical activities, cross-train employees to cover critical functions, and cover the most critical functions with fewer staff.
  - Establish policies for an alternate or flexible

worksite (e.g., work via the Internet, e-mailed or mailed work assignments) and flexible work hours, where feasible.

- Develop guidelines to address business continuity requirements created by jobs that will not allow teleworking (e.g., production or assembly line workers).
- Establish and clearly communicate policies on family leave and employee compensation, especially Federal laws and laws in your State regarding leave of workers who need to care for an ill family member or voluntarily remain home.
- Provide employees with information on taking care of ill people at home. Such information will be posted on [www.pandemicflu.gov](http://www.pandemicflu.gov).

### 3. Plan for dismissal of students and childcare closure

- Identify employees who may need to stay home if schools dismiss students and childcare programs close during a severe pandemic.
- Advise employees not to bring their children to the workplace if childcare cannot be arranged.
- Plan for alternative staffing or staffing schedules on the basis of your identification of employees who may need to stay home.
  - Identify critical job functions and plan now for cross-training employees to cover those functions in case of prolonged absenteeism during a pandemic.
  - Establish policies for employees with children to work from home, if possible, and consider flexible work hours and schedules (e.g., staggered shifts).
- Encourage employees who have children in their household to make plans to care for their children if officials recommend dismissal of students from schools, colleges, universities, and childcare programs. Advise employees to plan for an extended period (up to 12 weeks) in case the pandemic is severe.
- In a severe pandemic, parents would be advised to protect their children by reducing out-of-school social contacts and mixing with other children. Although limiting all outside contact may not be feasible, parents may be able to develop support

systems with co-workers, friends, families, or neighbors if they continue to need childcare. For example, they could prepare a plan in which two to three families work together to supervise and provide care for a small group of infants and young children while their parents are at work (studies suggest that childcare group size of less than six children may be associated with fewer respiratory infections).<sup>2</sup>

- Talk with your employees about any benefits, programs, or other assistance they may be eligible for if they have to stay home to mind children for a prolonged period during a pandemic.
- Coordinate with State and local government and faith-based and community-based organizations to assist workers who cannot report to work for a prolonged period.

### 4. Plan for workplace and community social distancing measures

- Become familiar with social distancing methods that may be used during a pandemic to modify the frequency and type of person-to-person contact (e.g., reducing hand-shaking, limiting face-to-face meetings and shared workstations, promoting teleworking, offering liberal/unscheduled leave policies, staggered shifts).
- Plan to operate businesses and other workplaces using social distancing and other measures to minimize close contact between and among employees and customers. Determine how the work environment may be reconfigured to allow for more distance between employees and between employees and customers during a pandemic. If social distancing is not feasible in some work settings, employ other protective measures (guidance available at [www.pandemicflu.gov](http://www.pandemicflu.gov)).
- Review and implement guidance from the Occupational Safety and Health Administration (OSHA) to adopt appropriate work practices and precautions to protect employees from occupational exposure to influenza virus during a pandemic. Risk of occupational exposure to influenza virus depends in part on whether or not jobs require close proximity to people potentially

infected with the pandemic influenza virus or whether employees are required to have either repeated or extended contact with the public. OSHA will post and periodically update such guidance on [www.pandemicflu.gov](http://www.pandemicflu.gov).

- Encourage good hygiene at the workplace. Provide employees and staff with information about the importance of hand hygiene (information can be found at <http://www.cdc.gov/cleanhands/>) as well as convenient access to soap and water and/or alcohol-based hand gel in your facility. Educate employees about covering their cough to prevent the spread of germs (<http://www.cdc.gov/flu/protect/covercough.htm>).

## 5. Communicate with your employees and staff

- Disseminate your company's pandemic plan to all employees and stakeholders in advance of a pandemic; include roles/actions expected of employees and other stakeholders during implementation of the plan.
- Provide information to encourage employees (and their families) to prepare for a pandemic by providing preparedness information. Resources are available at [www.pandemicflu.gov/plan/individual/checklist.html](http://www.pandemicflu.gov/plan/individual/checklist.html).

## 6. Help your community

- Coordinate your business' pandemic plans and actions with local health and community planning.
- Find volunteers in your business who want to help people in need, such as elderly neighbors, single parents of small children, or people without the resources to get the medical or other help they will need.
- Think of ways your business can reach out to other businesses and others in your community to help them plan for a pandemic.
- Participate in community-wide exercises to enhance pandemic preparedness.

## 7. Recovery

- Assess criteria that need to be met to resume normal operations and provide notification

to employees of activation of the business resumption plan.

- Assess the availability of medical, mental health, and social services for employees after the pandemic.

## References:

<sup>1</sup> American Academy of Pediatrics. Children in Out-of-Home Child Care: Classification of Care Service. In: Pickering LK, ed. Red Book: 2003 Report of the Committee on Infectious Diseases. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003:124.

<sup>2</sup> Bradley RH. Child care and common communicable illnesses in children aged 37 to 54 months. Arch Pediatr Adolesc Med. 2003 Feb;157(2):196-200

## Appendix 5 - Pandemic Influenza Community Mitigation Interim Planning Guide for Childcare Programs

### Purpose

This Interim Planning Guide for Childcare Programs is provided as a supplement to the *Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions*. The guide is intended to assist in pre-pandemic planning. Individuals and families, employers, schools, and other organizations will be asked to take certain steps (described below) to help limit the spread of a pandemic, mitigate disease and death, lessen the impact on the economy, and maintain societal functioning. This guidance is based upon the best available current data and will be updated as new information becomes available. During the planning process, Federal, State, local, tribal, and territorial officials should review the laws, regulations, and policies that relate to these recommendations, and they should include stakeholders in the planning process and resolution of issues.

Childcare programs will be essential partners in protecting the public's health and safety when an influenza pandemic occurs. Childcare programs discussed in this guidance include centers or facilities that provide care to any number of children in a nonresidential setting, large family childcare homes that provide care for seven or more children in the home of the provider and small family childcare homes that provide care to six or fewer children in the home of the provider.<sup>1</sup> This *Pandemic Influenza Community Mitigation Interim Planning Guide for Childcare Programs* provides guidance describing how such programs might prepare for and respond to an influenza pandemic. When an influenza pandemic starts, public health officials will determine the

severity of the pandemic and recommend actions to protect the community's health. People who become severely ill may need to be cared for in a hospital. However, most people with influenza will be safely cared for at home.

Community mitigation recommendations will be based on the severity of the pandemic and may include the following:

1. Asking ill people to voluntarily remain at home and not go to work or out in the community for about 7-10 days or until they are well and can no longer spread the infection to others (ill individuals will be treated with influenza antiviral medications, as appropriate, if these medications are effective and available).
2. Asking members of households with a person who is ill to voluntarily remain at home for about 7 days (household members may be provided with antiviral medications, if these medications are effective and sufficient in quantity and feasible mechanisms for their distribution have been developed).
3. Dismissing students from schools (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs for up to 12 weeks, coupled with protecting children and teenagers through social distancing in the community to include reductions of out-of-school social contacts and community mixing.
4. Recommending social distancing of adults in the community, which may include cancellation of large public gatherings; changing workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services; ensuring

work-leave policies to align incentives and facilitate adherence with the measures outlined above.

Recommendations for closing childcare facilities will depend upon the severity of the pandemic. The current three-tiered planning approach includes 1) no closure in a Category 1 pandemic, 2) short-term (up to 4 weeks) closure of childcare facilities in a Category 2 or Category 3 pandemic, and 3) prolonged (up to 12 weeks) closure of childcare facilities in a severe influenza pandemic (Category 4 or Category 5). These actions may only apply to traditional forms of center-based care and large family childcare programs (more than six children). Small family childcare programs (less than seven children) may be able to continue operations.

In the most severe pandemic, the duration of these public health measures would likely be for 12 weeks and will undoubtedly have serious financial implications for childcare workers and their employers as well as for families who depend on their services. In a severe pandemic, parents will be advised to protect their children by reducing out-of-school social contacts and mixing with other children. Although limiting all outside contact may not be feasible, families may be able to develop support systems with co-workers, friends, families, or neighbors if they continue to need childcare. For example, they could prepare a plan in which two or three families work together to supervise and provide care for a small group of infants and young children while their parents are at work (studies suggest that childcare group size of less than six children may be associated with fewer respiratory infections).<sup>2</sup>

Planning now for a severe pandemic will help assure that your childcare program is prepared to implement these community recommendations. These preparedness efforts will be beneficial to your programs, staff, families, and the community, regardless of the severity of the pandemic. The *Pandemic Flu Planning Checklist for Childcare Facilities* (<http://www.pandemicflu.gov/plan/school/index.html>) provides an approach to planning for a pandemic. Recommendations for implementation of

pandemic mitigation strategies are available at [www.pandemicflu.gov](http://www.pandemicflu.gov). Reliable, accurate, and timely information on the status and severity of the pandemic will be posted on [www.pandemicflu.gov](http://www.pandemicflu.gov). Additional information is available from the Centers for Disease Control and Prevention (CDC) Hotline: 1-800-CDC-INFO (1-800-232-4636). This line is available in 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).

## Recommendations for Planning

### 1. Plan for ill individuals to remain at home

- Develop a plan of childcare operations for implementation during pandemics of all levels of severity.
- Develop a plan for employee absences due to personal illness. Plan for alternative staffing:
  - Identify critical job functions and plan for alternate coverage of those functions during a pandemic. Family childcare programs may consider prearranging childcare coverage with other providers in their areas.
  - Review and analyze Federal and State employment laws that identify employer obligations and options for personnel.
- Establish and clearly communicate policies on sick leave and employee compensation.
- Encourage ill persons to stay home during a pandemic and establish return-to-work policies after illness.
- Establish policies for sick-leave absences unique to a pandemic (e.g., liberal/unscheduled leave).
- Develop policies on observation for illness and what to do when a child or employee becomes ill at the workplace.
- Advise employees to look for information on taking care of ill people at home. Such information will be posted on [www.pandemicflu.gov](http://www.pandemicflu.gov).

### 2. Plan for all household members of a person who is ill to voluntarily remain at home

- Develop a plan for employee absences related to

family member illness. Plan for alternate staffing:

- Identify critical job functions and plan now for coverage of those functions.
- Review Federal and State employment laws that identify your employer obligations and options for employees.
- Establish and clearly communicate policies on family leave and employee compensation.
- Establish policies for sick-leave absences unique to a pandemic (e.g., liberal/unscheduled leave).
- Establish policies for employees who have to stay home because someone in their household is ill with pandemic influenza.
- Be familiar with Federal and State laws regarding leave of workers who need to care for an ill family member or voluntarily remain at home.
- Advise employees to look for information on taking care of ill people at home. Such information will be posted on [www.pandemicflu.gov](http://www.pandemicflu.gov).

### **3. Plan for dismissal of students from school and childcare closure, considering the impact on employees and parents**

- Develop a plan for program operations during all levels of pandemic severity.
- Plan for alternate staffing based on your assessment.
  - Identify critical job functions and plan now for coverage of those functions in case of prolonged absenteeism during a pandemic.
- Work with State and local government and faith-based and community-based organizations to provide any needed assistance to staff who are not able to work for a prolonged period of time.

### **4. Plan for workplace and community social distancing measures**

- Become familiar with social distancing actions that may be used during a pandemic to modify frequency and type of person-to-person contact (e.g., reducing hand-shaking, limiting face-to-face meetings, promoting teleworking, and offering liberal/unscheduled leave policies and staggered shifts).

- Plan to operate the workplace using social distancing and other measures to minimize close contact between employees.
- Review and implement guidance from the Occupational Safety and Health Administration (OSHA) on appropriate work practices and precautions to protect employees from occupational exposure to influenza virus during a pandemic. Risks of occupational exposure to influenza virus depends in part on whether jobs require close proximity to people who may be infectious with the pandemic influenza virus or whether employees are required to have either repeated or extended contact with the general public. OSHA will post and periodically update such guidance on [www.pandemicflu.gov](http://www.pandemicflu.gov).
- If the childcare program is to remain in operation during a Category 1-3 pandemic, provide staff with information about the measures that the program will institute in order to reduce virus transmission among staff and children. These may include
  - Restructuring and keeping groups of staff and children from mixing together to minimize social contacts.
  - Asking ill staff to stay home while they are ill.
  - Modifying exclusion policies to include ill children and possibly, based on public health recommendations made at the time of the pandemic, those with ill family members.
  - Implementing staggered shifts.
  - Implementing social distancing practices, including
- Eliminating gatherings of staff and
- Minimizing contact between staff and parents
- Encourage good hygiene at the workplace. Provide children and staff with information about the importance of hand hygiene (information can be found at <http://www.cdc.gov/cleanhands/>) as well as convenient access to soap and water and alcohol-based hand gel in your facility. Educate employees and children about covering their cough to prevent the spread of germs (see <http://www.cdc.gov/flu/protect/covercough.htm>).
- Promote social distancing of children outside the childcare setting by advising parents that children

reduce their social interaction and contacts to the greatest extent possible.

#### **5. Communicate with staff and parents/families**

- Be prepared to provide parents/families with information about
  - Why programs will be cancelled and the importance of keeping infants and children from congregating with other children in the community.
  - How alternative childcare options may be accessed.
  - How students who need free meals may qualify for other types of nutrition assistance in the community.
- Provide information to staff and parents/families on what they can do to prepare their families for a pandemic. Resources are available at <http://www.pandemicflu.gov/plan/individual/checklist.html> and [www.ready.gov/america/index.html](http://www.ready.gov/america/index.html).
- Provide systematic emergency communications to childcare staff and families during the pandemic, using a telephone calling tree, an e-mail alert, or call-in voice recording to communicate pandemic status in the community and status of childcare program activities. Messages for staff and families should be targeted and provided in the different languages that reflect the languages within the community.
- Recommend that parents/families seek further information about pandemic through other sources including key Federal, State, local, tribal, and territorial public health resources and regularly provided pandemic updates at [www.pandemicflu.gov](http://www.pandemicflu.gov).

#### **6. Help your community**

- Coordinate your pandemic plans and actions with local health and community planning.
- Think of ways your business can reach out to other businesses and others in your community to help them plan for a pandemic.
- Participate in community-wide exercises to enhance pandemic preparedness.

#### **7. Recovery**

- Establish the criteria and procedures for resuming childcare operations and activities.
- Develop communication plans for advising employees, staff, and families of the resumption of programs and activities.
- Develop the procedures, activities, and services needed to restore the childcare environment.

#### **References:**

- <sup>1</sup> American Academy of Pediatrics. Children in Out-of-Home Child Care: Classification of Care Service. In: Pickering LK, ed. Red Book: 2003 Report of the Committee on Infectious Diseases. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003:124.
- <sup>2</sup> Bradley RH. Child care and common communicable illnesses in children aged 37 to 54 months. Arch Pediatr Adolesc Med. 2003 Feb;157(2):196-200



## Appendix 6 - Pandemic Influenza Community Mitigation Interim Planning Guide for Elementary and Secondary Schools

### Purpose

This Interim Planning Guide for Elementary and Secondary Schools is provided as a supplement to the *Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions*. The guide is intended to assist in pre-pandemic planning. Individuals and families, employers, schools, and other organizations will be asked to take certain steps (described below) to help limit the spread of a pandemic, mitigate disease and death, lessen the impact on the economy, and maintain societal functioning. This guidance is based upon the best available current data and will be updated as new information becomes available. During the planning process, Federal, State, local, tribal, and territorial officials should review the laws, regulations, and policies that relate to these recommendations, and they should include stakeholders in the planning process and resolution of issues.

Schools will be essential partners in protecting the public's health and safety when an influenza pandemic occurs. This *Pandemic Influenza Community Mitigation Interim Planning Guide for Elementary and Secondary Schools* provides guidance to educational institutions, describing how they might prepare for and respond to an influenza pandemic. When an influenza pandemic starts, public health officials will determine the severity of the pandemic and recommend actions to protect the community's health. People who become severely ill may need to be cared for in a hospital. However, most people with influenza will be safely cared for at home.

Community mitigation recommendations will be based on the severity of the pandemic and may include the following:

1. Asking ill people to voluntarily remain at home and not go to work or out in the community for about 7-10 days or until they are well and can no longer spread the infection to others (ill individuals will be treated with influenza antiviral medications, as appropriate, if these medications are effective and available).
2. Asking members of households with a person who is ill to voluntarily remain at home for about 7 days (household members may be provided with antiviral medications, if these medications are effective and sufficient in quantity and feasible mechanisms for their distribution have been developed).
3. Dismissing students from schools (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs for up to 12 weeks, coupled with protecting children and teenagers through social distancing in the community to include reductions of out-of-school social contacts and community mixing. Childcare programs discussed in this guidance include centers or facilities that provide care to any number of children in a nonresidential setting, large family childcare homes that provide care for seven or more children in the home of the provider and small family childcare homes that provide care to six or fewer children in the home of the provider.<sup>1</sup>
4. Recommending social distancing of adults in the community, which may include cancellation of large public gatherings; changing workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible

without disrupting essential services; ensuring work-leave policies to align incentives and facilitate adherence with the measures outlined above.

Recommendations for dismissing students from schools will depend upon the severity of the pandemic. The current three-tiered planning approach includes 1) no dismissals in a Category 1 pandemic, 2) short-term (up to four weeks) dismissal of students from schools during a Category 2 or Category 3 pandemic, and 3) prolonged (up to 12 weeks) dismissal of students from schools during a severe influenza pandemic (Category 4 or Category 5 pandemic).

In the most severe pandemic, the duration of these public health measures would likely be for 12 weeks, which would have educational implications for students. Planning now for a prolonged period of student dismissal may assist schools to be prepared as much as possible to provide opportunities for continued instruction and other assistance to students and staff. Federal, State, local, tribal, and territorial laws, regulations, and policies regarding student dismissal from schools school closures, funding mechanisms, and educational requirements should be taken into account in pandemic planning. If students are dismissed from school but schools remain open, school- and education-related assets, including school buildings, school kitchens, school buses, and staff, may continue to remain operational and potentially be of value to the community in many other ways. In addition, faculty and staff may be able to continue to provide lessons and other services to students by television, radio, mail, Internet, telephone, or other media. Continued instruction is not only important for maintaining learning but also serves as a strategy to engage students in a constructive activity during the time that they are being asked to remain at home.

Planning now for a severe pandemic will ensure that schools are prepared to implement the community interventions that may be recommended. Be prepared to activate the school district's crisis management plan for pandemic influenza that links the district's incident command system with the local and/or State

health department/emergency management system's incident command system(s).

The *Pandemic Flu Planning Checklist for K-12 School Districts* describes approaches to school planning for a pandemic and can be found at <http://www.pandemicflu.gov/plan/school/index.html> and <http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/planning-guide/index.html>. Recommendations for implementation of pandemic mitigation strategies are available at [www.pandemicflu.gov](http://www.pandemicflu.gov), and reliable, accurate, and timely information on the status and severity of a pandemic will also be posted on the Web site. Additional information is available from the Centers for Disease Control and Prevention (CDC) Hotline: 1-800-CDC-INFO (1-800-232-4636). This line is available in 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).

#### 1. Plan for ill individuals to remain at home

- Develop a plan for faculty and staff absences due to personal illness. Plan for alternative staffing:
  - Identify critical job functions and plan for alternate coverage of those functions during a pandemic.
  - Review and analyze Federal and State employment laws that identify employer obligations and options for personnel.
- Establish and clearly communicate policies on sick leave and employee compensation.
- Encourage ill persons to stay home during a pandemic and establish return-to-work policies after illness.
- Establish policies for sick-leave absences unique to a pandemic (e.g., liberal/unscheduled leave).
- Develop policies on observation for illness and what to do when a student or staff member becomes ill at the workplace.
- Advise employees to look for information on taking care of ill people at home. Such information will be posted on [www.pandemicflu.gov](http://www.pandemicflu.gov).

## 2. Plan for all household members of a person who is ill to voluntarily remain at home

- Develop a plan for faculty and staff absences related to family member illness. Plan for alternate staffing:
  - Identify critical job functions and plan now for coverage of those functions.
  - Establish policies for alternate or flexible worksite (e.g., videoconferencing and teleworking) and flexible work hours.
  - Review Federal and State employment laws that identify your employer obligations and options for employees.
- Establish and clearly communicate policies on family leave and employee compensation.
- Establish policies for sick-leave absences unique to a pandemic (e.g., liberal/unscheduled leave).
- Establish policies for employees who have to stay home because someone in their household is ill with pandemic influenza.
- Be familiar with Federal and State laws regarding leave of workers who need to care for an ill family member or voluntarily remain at home.
- Advise employees to look for information on taking care of ill people at home. Such information will be posted on [www.pandemicflu.gov](http://www.pandemicflu.gov).

## 3. Plan for dismissal of students and childcare closure for employees

- Develop a plan for school operations during all levels of pandemic severity. Even if students are dismissed, schools may remain operational.
- Identify and plan for employees and staff who may have to stay home if schools and childcare programs dismiss students/children during a pandemic.
- Plan for alternate staffing based on your assessment.
  - Identify critical job functions and plan now for coverage of those functions in case of prolonged absenteeism during a pandemic.
  - Establish policies for employees to possibly work flexible work hours and schedules (e.g., staggered shifts) to accommodate their childcare needs.

- Encourage your employees who have children to make their own plans to care for children if officials recommend dismissal of students from schools and closure of childcare programs. Advise that employees plan for an extended period (up to 12 weeks) in case the pandemic is severe. Instruct employees not to bring their children to the workplace if childcare cannot be arranged.
- In a severe pandemic, parents would be advised to protect their children by reducing out-of-school social contacts and mixing with other children. Although limiting all outside contact may not be feasible, families may be able to develop support systems with co-workers, friends, families, or neighbors if they continue to need childcare. For example, they could prepare a plan in which two to three families work together to supervise and provide care for a small group of infants and young children while their parents are at work (studies suggest that childcare group size of less than six children may be associated with fewer respiratory infections).<sup>2</sup>
- Determine if schools must, may, or cannot compensate, continue benefits, and extend leave to employees who are not working during the pandemic. Inform employees of the decision.
- Work with your State legislatures if modifications to State laws are needed for flexibilities regarding, for example, requirements for the number of instruction days, amount of instruction time, and length of the school day.
- Work with State and local governments and faith-based and community-based organizations to provide any needed assistance to staff who cannot report to work for a prolonged period.

## 4. Plan for dismissal of students

- Develop a plan for continuity of instruction
- Inform teachers, students and parents how alternate learning opportunities will be provided.
  - This may include assignments by radio, television, regular mail, e-mail, telephone, and teleconferencing or through the media
  - Consider potential restructuring of the school calendar

- Provide school nurses, counselors, school psychologists, special-needs teachers, and social workers guidance on maintaining needed health, counseling, and social services for students with physical and mental/emotional healthcare needs.
- Identify and inform parents on how students who need free meals may qualify for other types of nutrition assistance in the community.
- Provide systematic emergency communications to school staff and families during the pandemic, using a telephone calling tree, an e-mail alert, call-in voice recording, or regular mail to communicate.

#### **5. Plan for workplace and community social distancing measures**

- Become familiar with social distancing actions that may be used during a pandemic to modify frequency and type of person-to-person contact (e.g., reducing hand-shaking, limiting face-to-face meetings, promoting teleworking, liberal/unscheduled leave policies, and staggered shifts).
- Plan to operate the workplace using social distancing and other measures to minimize close contact between employees.
- Review and implement guidance from the Occupational Safety and Health Administration (OSHA) on appropriate work practices and precautions to protect employees from occupational exposure to influenza virus during a pandemic. Risks of occupational exposure to influenza virus depends in part on whether jobs require close proximity to people who may be infectious with the pandemic influenza virus or whether employees are required to have either repeated or extended contact with the general public. OSHA will post and periodically update such guidance on [www.pandemicflu.gov](http://www.pandemicflu.gov).
- Encourage good hygiene at the workplace. Provide students, faculty, and staff with information about the importance of hand hygiene (information can be found at <http://www.cdc.gov/cleanhands/>) as well as convenient access to soap and water and alcohol-based hand gel in your facility. Educate employees and students

about covering their cough to prevent the spread of germs (see <http://www.cdc.gov/flu/protect/covercough.htm>).

- Promote social distancing of children and teens outside the school setting by advising they reduce their social interaction and contacts to the greatest extent possible. This may include cancelling after-school and extracurricular group activities.

#### **6. Communicate with faculty, staff, students, and parents/families**

- Make sure your school's pandemic plan is explained and understood by faculty, staff, and parents in advance of a pandemic, including expected roles/actions for employees and others during implementation.
- Provide information to school staff and parents/families on what they can do to prepare themselves and their families for the pandemic. Resources are available at <http://www.pandemicflu.gov/plan/individual/checklist.html> and [www.ready.gov/america/index.html](http://www.ready.gov/america/index.html).
  - Be prepared to provide parents/families with information discussing student dismissal from school and the importance of keeping students from congregating with other students in out-of-school settings.
- Provide staff with information on the school district's plan for
  - Assuring that essential central office functions, including payroll, and communications with staff, students, and families will continue.
  - Adapting school facilities to supplement healthcare delivery if needed by local public health officials.
  - Encouraging school nurses, counselors, school psychologists, and social workers to establish supportive long-distance relationships with particularly vulnerable students via the phone, e-mail, or regular mail.
- Coordinate strategies with other districts in your region.

## 7. Help your community

- Coordinate your pandemic plans and actions with local health and community planning.
- Find volunteers in your school who want to help people in need, such as elderly neighbors, single parents of small children, or people without the resources to get the medical or other help they will need.
- Think of ways your school others in your community to help them plan for a pandemic.
- Participate in community-wide exercises to enhance pandemic preparedness.

## 8. Recovery

- Establish the criteria and procedure with State and local planning teams for resuming school activities.
- Develop communication for advising employees, students, and families of the resumption of school programs and activities.
- Develop the procedures, activities, and services needed to restore the learning environment.

## References:

<sup>1</sup> American Academy of Pediatrics. Children in Out-of-Home Child Care: Classification of Care Service. In: Pickering LK, ed. Red Book: 2003 Report of the Committee on Infectious Diseases. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003:124.

<sup>2</sup> Bradley RH. Child care and common communicable illnesses in children aged 37 to 54 months. Arch Pediatr Adolesc Med. 2003 Feb;157(2):196-200.



## Appendix 7 - Pandemic Influenza Community Mitigation Interim Planning Guide for Colleges and Universities

### Purpose

This Interim Planning Guide for Colleges and Universities is provided as a supplement to the

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

The guide is intended to assist in pre-pandemic planning. Individuals and families, employers, schools, and other organizations will be asked to

take certain steps (described below) to help limit the spread of a pandemic, mitigate disease and death, lessen the impact on the economy, and maintain

societal functioning. This guidance is based upon the best available current data and will be updated as new information becomes available. During the planning

process, Federal, State, local, tribal, and territorial officials should review the laws, regulations, and policies that relate to these recommendations, and they should include stakeholders in the planning

process and resolution of issues.

Colleges and universities will be essential partners in protecting the public's health and safety when an influenza pandemic occurs. This *Pandemic Influenza Community Mitigation Interim Planning Guide for Colleges and Universities* provides guidance to post-secondary institutions, describing how they should prepare for an influenza pandemic. At the onset of an influenza pandemic, public health officials will determine the severity of the pandemic and recommend actions to protect the community's health. People who become severely ill may need to be cared for in a hospital. However, most people with influenza will be safely cared for at home.

Community mitigation recommendations will be based on the severity of the pandemic and may include the following:

1. Asking ill people to voluntarily remain at home and not go to work or out in the community for about 7-10 days or until they are well and can no longer spread the infection to others (ill individuals will be treated with influenza antiviral medications, as appropriate, if these medications are effective and available).

2. Asking members of households with a person who is ill to voluntarily remain at home for about 7 days (household members may be provided with antiviral medications, if these medications are effective and sufficient in quantity and feasible mechanisms for their distribution have been developed).

3. Dismissing students from schools (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs for up to 12 weeks, coupled with protecting children and teenagers through social distancing in the community to include reductions of out-of-school social contacts and community mixing. Childcare programs discussed in this guidance include centers or facilities that provide care to any number of children in a nonresidential setting, large family childcare homes that provide care for seven or more children in the home of the provider and small family childcare homes that provide care to six or fewer children in the home of the provider.<sup>1</sup>

4. Recommending social distancing of adults in the community, which may include cancellation of large public gatherings; changing workplace environments and schedules to decrease social density and preserve

a healthy workplace to the greatest extent possible without disrupting essential services; and ensuring work-leave policies to align incentives and facilitate adherence with the measures outlined above.

Recommendations for dismissing students from college and university classes will depend upon the severity of the pandemic. The current three-tiered planning approach includes 1) no dismissals, 2) short-term (up to 4 weeks) dismissal from classes in Category 2 or Category 3 pandemic, and 3) prolonged (up to 12 weeks) dismissal from classes in a severe influenza pandemic (Category 4 or Category 5).

Dismissing students for up to 12 weeks will have educational implications. Planning now for a prolonged period of student dismissal will help colleges and universities to plan for alternate ways to provide continued instruction and services for students and staff. Even if students are dismissed from classes, the college/university facility may remain open during a pandemic and may continue to provide services to students who must remain on campus and provide lessons and other services to off-campus students via Internet or other technologies. Some students, particularly international students, may not be able to rapidly relocate during a pandemic and may need to remain on campus for some period. They would continue to need essential services from the college/university during that time.

Continued instruction is not only important for maintaining learning but also serves as a strategy to reduce boredom and engage students in a constructive activity while group classes are cancelled. Planning now for a severe pandemic will help assure that your college or university is prepared to implement these community recommendations. These preparedness efforts will be beneficial to your school, staff, students, and the community, regardless of the severity of the pandemic. Be prepared to activate the university's crisis management plan for pandemic influenza, which links the university's incident command system with the local and/or State health department/emergency management system's incident command system(s).

*The Pandemic Flu Planning Checklist for Colleges*

## Planning Recommendations

### 1. Plan for ill individuals to remain at home

*and Universities* describes approaches to school planning for a pandemic and can be found at <http://www.pandemicflu.gov/plan/school/index.html> and <http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/planning-guide/index.html>. Recommendations for implementation of pandemic mitigation strategies are available at [www.pandemicflu.gov](http://www.pandemicflu.gov), and reliable, accurate, and timely information on the status and severity of a pandemic will also be posted on this site. Additional information is available from the Centers for Disease Control and Prevention (CDC) Hotline: 1-800-CDC-INFO (1-800-232-4636). This line is available in 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).

- Develop a plan for faculty and staff absences due to personal illness. Plan for alternative staffing.
  - Identify critical job functions and plan for alternate coverage of those functions during a pandemic.
  - Review and analyze Federal and State employment laws that identify employer obligations and options for personnel.
- Establish and clearly communicate policies on sick leave and employee compensation.
  - Encourage ill persons to stay home during a pandemic and establish return-to-work policies after illness.
- Establish policies for sick-leave absences unique to a pandemic (e.g., liberal/unscheduled leave).
- Develop policies on observation for illness and what to do when a student or staff member becomes ill at the college/university.
- Advise employees to look for information on taking care of ill people at home. Such information will be posted on [www.pandemicflu.gov](http://www.pandemicflu.gov).

### 2. Plan for all household members of a person who



**is ill to voluntarily remain at home**

- Develop a plan for faculty and staff absences related to family member illness. Plan for alternate staffing.
  - Identify critical job functions and plan now for coverage of those functions.
  - Establish policies for alternate or flexible work site (e.g., videoconferencing and teleworking) and flexible work hours.
  - Review Federal and State employment laws that identify your employer obligations and options for employees.
  - Establish and clearly communicate policies on family leave and employee compensation.
  - Establish policies for sick-leave absences unique to a pandemic (e.g., liberal/unscheduled leave).
  - Establish policies for employees who have to stay home because someone in their household is ill with pandemic influenza.
  - Be familiar with Federal and State laws regarding leave of workers who need to care for an ill family member or voluntarily remain at home.
  - Advise employees to look for information on taking care of ill people at home. Such information will be posted on [www.pandemicflu.gov](http://www.pandemicflu.gov).
- 3. Plan for dismissal of students and childcare closure for employees**
- Identify and plan for employees and staff who may have to stay home if schools and childcare programs dismiss students/children during a severe pandemic.
  - Plan for alternate staffing based on your assessment.
  - Identify critical job functions and plan for coverage of those functions in case of prolonged absenteeism during a pandemic.
  - Establish flexible work policies for employees, such as flexible work hours and schedules (e.g., staggered shifts) to accommodate childcare needs.
  - Encourage your employees who have children to make their own plans to care for children if officials recommend dismissal of students from

**4. Plan for dismissal of students**

- Advise that employees plan for an extended period (up to 12 weeks) in case the pandemic is severe. Instruct employees not to bring their children to the workplace if childcare cannot be arranged.
  - In a severe pandemic, parents will be advised to protect their children by reducing out-of-school social contacts and mixing with other children. Although limiting all outside contact may not be feasible, families may be able to develop support systems with co-workers, friends, families, or neighbors, if they continue to need childcare. For example, they could prepare a plan in which two to three families work together to supervise and provide care for a small group of infants and young children while their parents are at work (studies suggest that childcare group size of less than six children may be associated with fewer respiratory infections).<sup>2</sup>
  - Determine if schools must, may, or cannot compensate, continue benefits to and extend leave to employees who are not working during the pandemic. Inform employees of the decision. Coordinate with State and local government and faith-based and community-based organizations to assist staff that are not able to work for a prolonged period.
- 4. Plan for dismissal of students**
- Inform students about plans and procedures for providing and completing course work.
  - Provide guidance to students and faculty on continuing student instruction. Such guidance may include
    - Assessing the possibility of altering course-work requirements.
    - Providing ongoing assignments by regular mail, e-mail, Internet links, telephone, teleconferencing, or calling into a recorded message at the university
    - Gathering information in advance that would identify students' mailing addresses, telephone/cell numbers, and e-mail addresses
    - Encouraging faculty who teach the same subject to share in the development of distance-learning

- Providing information on accessing university healthcare staff (e.g., nurses, nurse practitioners, physicians, physician assistants, counselors, and psychologists) who could be recommended as consultation resources for students with physical and mental/emotional healthcare needs.
- Develop a plan for accommodating students, especially international students, who remain on campus during an influenza pandemic.
- Review and implement guidance from the Occupational Safety and Health Administration (OSHA) on appropriate work practices and precautions to protect employees from occupational exposure to influenza virus during a pandemic. Risks of occupational exposure to influenza virus depends in part on whether or not jobs require close proximity to people who may be infectious with the pandemic influenza virus or whether employees are required to have either repeated or extended contact with the public. OSHA will post and periodically update such guidance on [www.pandemicflu.gov](http://www.pandemicflu.gov).

## 5. Plan for workplace and community social distancing measures

- Learn about social distancing methods that may be used during a pandemic to limit person-to-person contact during a pandemic and reduce the spread of disease (e.g., reducing hand-shaking, limiting face-to-face meetings and shared workstations, work from home policies, staggered shifts).
- Use social distancing measures to minimize close contact at your college/university. Determine how your facility could be rearranged to allow more distance between people during a pandemic.
- Develop plans for alternatives to mass gatherings. Examples could range, for example, from video messages on the Internet to e-mailed messages, mailed newsletters, pre-recorded messages on a designated call-in phone number.
- Encourage good hygiene at the workplace. Provide faculty, staff, and students with information about the importance of hand hygiene (information can be found at <http://www.cdc.gov>).

- 6. Communicate with faculty, staff, students, and parents/families
  - Provide faculty, staff, and parents with information on the college/university's pandemic preparedness plan in advance of a pandemic. This communication should include
    - Identifying expected roles/actions for faculty, staff, students, and other stakeholders during implementation
    - Assuring that essential central office functions, including payroll, and communications with staff, students and families will continue
    - Identifying how the college/university's physical facilities may be used for other purposes during a pandemic
  - Develop a plan to inform parents/families that students may be dismissed during a Category 4-5 pandemic.
    - Encourage them to plan for that contingency, including plans for relocating students to home or elsewhere
    - Inform them of school procedures and policies regarding tuition, fees, and contractual obligations to faculty, staff, and students (both on and off campus) during the pandemic by using multiple methods (e.g., a telephone calling tree, an e-mail alert, or call-in voice recording) to communicate pandemic status in the community and status of classes and other university activities.
  - Be prepared to provide parents/families with information discussing
    - How dismissal of students will be announced
    - Why students will be dismissed from classes and the importance of keeping students from congregating with others in the community
    - How alternate instruction will be provided
  - Be prepared to provide students who soon will be leaving for home with information discussing

- Develop communication for advising employees and students and families of the resumption of school programs and activities.
- Develop the procedures, activities, and services needed to restore the learning environment.

#### References:

- <sup>1</sup> American Academy of Pediatrics. Children in Out-of-Home Child Care: Classification of Care Service. In: Pickering LK, ed. Red Book: 2003 Report of the Committee on Infectious Diseases. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003:124.
- <sup>2</sup> Bradley RH. Child care and common communicable illnesses in children aged 37 to 54 months. Arch Pediatr Adolesc Med. 2003 Feb;157(2):196-200.

- Why students are being dismissed from classes and the importance of keeping students from congregating with other students in the community. Students should understand differences between seasonal and pandemic influenza
- How influenza is spread
- What individuals can do help prevent the spread of influenza

- Remind students who live in residence halls to take their books and other personal items with them on the last day of classes, if indicated.
- Provide information to university faculty, staff, and parents/families on what they can do to prepare their families for the pandemic. Resources are available at <http://www.pandemicflu.gov/plan/individual/checklist.html> and [www.ready.gov/america/index.html](http://www.ready.gov/america/index.html)

- Recommend that faculty, staff, students and their families seek further information about the pandemic through resources, including key Federal, State, and local public health that provide regular updates on the status of the pandemic. For reliable, accurate, and timely information about pandemic flu, see [www.pandemicflu.gov](http://www.pandemicflu.gov).

#### 7. Help your community

- Coordinate your pandemic plans and actions with local health planning.
- Find volunteers in your college/university who want to help people in need, such as elderly neighbors, single parents of small children, or people without the resources to get the medical or other help they will need.
- Think of ways your institution can reach out to others in your community to help them plan for a pandemic.
- Participate in community-wide exercises to enhance pandemic preparedness.

#### 8. Recovery

- Establish with State and local planning teams the criteria and procedures for resuming college/university activities.



## Appendix 8 - Pandemic Influenza Community Mitigation Interim Planning Guide for Faith-Based and Community Organizations

### Purpose

This Interim Planning Guide for Faith-based and Community Organizations is provided as a supplement to the *Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions*. The guide is intended to assist in pre-pandemic planning. Individuals and families, employers, schools, and faith-based and community organizations will be asked to take certain steps (described below) to help limit the spread of a pandemic, mitigate disease and death, lessen the impact on the economy, and maintain societal functioning. This guidance is based upon the best available current data and will be updated as new information becomes available. During the planning process, Federal, State, local, tribal, and territorial officials should review the laws, regulations, and policies that relate to these recommendations, and they should include stakeholders in the planning process and resolution of issues.

Faith-based and community organizations (FBCOs) will be essential partners in protecting the public's health and safety when an influenza pandemic occurs. This *Pandemic Influenza Community Mitigation Interim Planning Guide for Faith-Based and Community Organizations* provides guidance for religious organizations (including, for example, places of worship—churches, synagogues, mosques, and temples—and faith-based social service providers), social service agencies, and community organizations in preparing for and responding to an influenza pandemic. When an influenza pandemic starts, public health officials will determine the severity of the pandemic and recommend actions to protect the

community's health. People who become severely ill may need to be cared for in a hospital. However, most people with influenza will be safely cared for at home. Community mitigation recommendations will be based on the severity of the pandemic and may include the following:

1. Asking ill people to voluntarily remain at home and not go to work or out in the community for about 7-10 days or until they are well and can no longer spread the infection to others (ill individuals will be treated with influenza antiviral medications, as appropriate, if these medications are effective and available).
2. Asking members of households with a person who is ill to voluntarily remain at home for about 7 days (household members may be provided with antiviral medications, if these medications are effective and sufficient in quantity and feasible mechanisms for their distribution have been developed).
3. Dismissing students from schools (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs for up to 12 weeks, coupled with protecting children and teenagers through social distancing in the community to include reductions of out-of-school social contacts and community mixing. Childcare programs discussed in this guidance include centers or facilities that provide care to any number of children in a nonresidential setting, large family childcare homes that provide care for seven or more children in the home of the provider and small family childcare homes that provide care to six or fewer children in the home of the provider.<sup>1</sup>

4. Recommending social distancing of adults in the community, which may include cancellation of large public gatherings; changing workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services; and ensuring work-leave policies to align incentives and facilitate adherence with the measures outlined above.

Planning now for a severe pandemic will help assure that your organization is prepared to implement these community recommendations. These preparedness efforts will be beneficial to your organization, volunteer and paid staff, and community, regardless of the severity of the pandemic. The *Faith-Based & Community Organizations Pandemic Influenza Preparedness Checklist* (available at <http://www.pandemicflu.gov/plan/community/fathcomchecklist.html>) provides an approach to pandemic planning by FBOs. In addition, recommendations for implementation of pandemic mitigation strategies are available at [www.pandemicflu.gov](http://www.pandemicflu.gov). Reliable, accurate, and timely information on the status and severity of the pandemic also will be posted on [www.pandemicflu.gov](http://www.pandemicflu.gov).

Additional information is available from the Centers for Disease Control and Prevention (CDC) Hotline: 1-800-CDC-INFO (1-800-232-4636). This line is available in 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).

### Planning Recommendations

#### 1. Plan for ill individuals to remain at home

- Plan for employee and volunteer staff absences during a pandemic due to personal illness.
  - Identify critical job functions and plan how to temporarily suspend non-critical activities, cross-train staff to cover critical functions, and cover the most critical functions with fewer staff.
  - Identify employees, volunteers, and members or clients that live alone or might need extra assistance if they need to stay home because they are ill.
  - Review Federal and State employment laws

#### 2. Plan for all household members of a person who is ill to voluntarily remain at home

- Plan for employee and volunteer staff absences during a pandemic related to family member illness.
  - Identify critical job functions and plan how to temporarily suspend non-critical activities, cross-train staff to cover critical functions, and cover the most critical functions with fewer staff.
  - Establish policies for alternate or flexible work site (e.g., work via the Internet, e-mail, mailed or phone work assignments) and flexible work hours.
  - Establish and clearly communicate policies on family leave and employee compensation, especially Federal laws and laws in your State regarding leave of workers who need to care for an ill family member or voluntarily remain at home.
  - Establish and clearly communicate policies for volunteers to ensure that critical functions are covered.
- that identify your employer obligations and options for employees.
  - Establish and clearly communicate policies on sick leave and employee compensation.
  - Encourage ill persons to stay home during a pandemic and establish return to work policies after illness.
  - Encourage leadership to model staying at home when ill as well as the use of proper cough and sneeze etiquette and hand hygiene.
  - Where appropriate, align public health messages and recommendations with your organization's values and beliefs. For example, develop a culture that recognizes the positive behaviors of voluntarily staying home when ill to get well and avoid spreading infection to others.
  - Develop policies on what to do when a person becomes ill at the workplace.
  - Advise employees, volunteers, and members or clients to look for information on taking care of ill people at home. Such information will be posted on [www.pandemicflu.gov](http://www.pandemicflu.gov).

#### 4. Prepare your organization

- Consider potential financial deficits due to emergencies when planning budgets. This is useful for pandemic planning and many other unforeseen emergencies, such as fires and natural disasters.
- Many FBCOs rely on community-giving to support their activities. Develop strategies that will allow people to continue to make donations and contributions via the postal service, the Internet, or other means if they are at home for an extended period.
- Develop a way to communicate with your employee and volunteer staff during an emergency to provide information and updates.
- Meet with other FBCOs to develop collaborative efforts to keep your organizations running, such as large organizations collaborating with small ones or several small organizations working together.

#### 5. Plan for workplace and community social distancing measures

- Learn about social distancing methods that may be used during a pandemic to limit person-to-person contact during a pandemic and reduce the spread of disease (e.g., reducing hand-shaking, limiting face-to-face meetings and shared workstations, work from home policies, staggered shifts).
- Use social distancing measures to minimize close contact at your facility. Determine how your facility could be rearranged to allow more distance between people during a pandemic.
- Develop plans for alternatives to mass gatherings. Examples could range from video messages on the Internet to e-mailed messages, mailed newsletters, pre-recorded messages from trusted leaders on a designated call-in phone number, and daily teaching guides from trusted leaders.
- Encourage good hygiene at the workplace. Provide staff, volunteers, and members with information about the importance of hand hygiene (information can be found at <http://www.cdc.gov/cleanhands/>) as well as convenient access to soap and water and alcohol-based hand gel in your

#### 3. Plan for dismissal of students and childcare closure

- Advise staff and members to look for information on taking care of ill people at home. Such information will be posted on [www.pandemicflu.gov](http://www.pandemicflu.gov).
- Find out how many employee and volunteer staff may have to stay at home to care for children if schools and childcare programs dismiss students.
  - Identify critical job functions and plan for temporarily suspending non-critical activities and cross-training staff to cover critical functions with fewer staff.
  - Establish policies for staff with children to work from home, if possible, and consider flexible work hours and schedules (e.g., staggered shifts).
- Encourage staff with children to make plans for what they will do if officials recommend dismissal of students from schools and closure of childcare programs. Instruct staff and volunteers not to bring their children to the workplace if childcare cannot be arranged.
- In a severe pandemic, parents will be advised to protect their children by reducing out-of-school social contacts and mixing with other children. Although limiting all outside contact may not be feasible, parents may be able to develop support systems with co-workers, friends, families, or neighbors, if they continue to need childcare. For example, they could prepare a plan in which two to three families work together to supervise and provide care for a small group of infants and young children while their parents are at work (studies suggest that childcare group size of less than six children may be associated with fewer respiratory infections).<sup>2</sup>
- Help your staff explore about benefits they may be eligible for if they have to stay home to mind children for a prolonged period during a pandemic.

## 7. Help your Community

- Identify people who are vulnerable and may need assistance in your community (i.e., elderly people who live alone, persons with disabilities, people with limited skill in speaking English, low-income families, children, or teens who may lack supervision). Designate people from your organization to be responsible to check on specific vulnerable people or families.
- Determine ways your facility might be used during a pandemic, such as a temporary care facility or a central distribution site for providing meals, supplies, or medicine to those who cannot obtain them.
- Identify and meet with local emergency responders, health departments, and healthcare organizations to learn about their planning and educate them about your organization's planning. Suggest that each household maintain a current list of emergency contacts in your community.
- Meet with other FBOs to develop collaborative efforts to care for those in need, such as large organizations partnering with small ones or several small organizations working together.
- Identify employee and volunteer staff in advance who would be willing to help others in need during a pandemic and help them to receive training through the local health department, emergency services, or other resources.
- Designate an experienced person who can take calls and organize individuals who call spontaneously to volunteer during an emergency to facilitate the best use of their particular skills and experience.
- Develop or identify an existing mental health or counseling hotline that people in the community can call during a pandemic or other emergency.
- Participate in community-wide exercises to enhance pandemic preparedness.

## 6. Communicate with your employee and volunteer staff and members

- Educate employees about covering their facility. Enough to prevent the spread of germs (see <http://www.cdc.gov/flu/protect/covercough.htm>).
- Identify activities, rituals, and traditions, such as hand shaking, hugging, and other close-proximity forms of greeting, that may need to be temporarily suspended or modified during a pandemic.
- Review and implement guidance from the Occupational Safety and Health Administration (OSHA) to adopt appropriate work practices and precautions to protect employees from occupational exposure to influenza virus during a pandemic. Risks of occupational exposure to influenza virus depends in part on whether or not jobs require close proximity to people potentially infected with the pandemic influenza virus or whether they are required to have either repeated or extended contact with the general public. OSHA will post and periodically update such guidance on [www.pandemicflu.gov](http://www.pandemicflu.gov).
- Share your organization's pandemic plan, including expected roles/actions for employee and volunteer staff and members during implementation.
- Suggest that all employee, volunteers, and members or clients prepare for a pandemic. Resources are available at <http://www.pandemicflu.gov/plan/individual/checklist.html> and [www.ready.gov/america/index.html](http://www.ready.gov/america/index.html). For example, individuals and families should have a reserve supply of food and water. People with more resources might consider obtaining enough supplies to support 1-2 other families in an emergency.
- Ensure that your organization has up-to-date contact information for employees, volunteers, and members or clients, including names of family members, addresses, home, work, and cell phone numbers, e-mail addresses, and emergency contacts.



## 8. Recovery

- Assess which criteria would need to be met to resume normal operations.
- Plan for the continued need for medical, mental health, and social services after a pandemic.

## References:

1. American Academy of Pediatrics. Children in Out-of-Home Child Care: Classification of Care Service. In: Pickering LK, ed. Red Book: 2003 Report of the Committee on Infectious Diseases. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003:124.
2. Bradley RH. Child care and common communicable illnesses in children aged 37 to 54 months. Arch Pediatr Adolesc Med. 2003 Feb;157(2):196-200.



## Appendix 9 - Pandemic Influenza Community Mitigation Interim Planning Guide for Individuals and Families

### Purpose

This Interim Planning Guide for Individuals and Families is provided as a supplement to the *Interim*

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

is intended to assist in pre-pandemic planning. Individuals and families, employers, schools, and other organizations will be asked to take certain steps (described below) to help limit the spread

of a pandemic, mitigate disease and death, lessen the impact on the economy, and maintain societal functioning. This guidance is based upon the best available current data and will be updated as new information becomes available. During the planning

process, Federal, State, local, tribal, and territorial officials should review the laws, regulations, and policies that relate to these recommendations, and they should include stakeholders in the planning process and resolution of issues.

Individuals and families will have an essential role in protecting themselves and the public's health and safety when an influenza pandemic occurs. This *Pandemic Influenza Community Mitigation Interim Planning Guide for Individuals and Families* provides guidance describing how individuals and families might prepare for and respond to an influenza pandemic. At the onset of an influenza pandemic, public health officials will determine the severity of the pandemic and recommend actions to protect the community's health. People who become severely ill may need to be cared for in a hospital. However, most people with influenza will be safely cared for at home.

Community mitigation recommendations will be based on the severity of the pandemic and may include the following:

1. Asking ill people to voluntarily remain at home and not go to work or out in the community for about 7-10 days or until they are well and can no longer spread the infection to others (ill individuals will be treated with influenza antiviral medications, as appropriate, if these medications are effective and available).

2. Asking members of households with a person who is ill to voluntarily remain at home for about 7 days (household members may be provided with antiviral medications, if these medications are effective and sufficient in quantity and feasible mechanisms for their distribution have been developed).

3. Dismissing students from schools (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs for up to 12 weeks, coupled with protecting children and teenagers through social distancing in the community to include reductions of out-of-school social contacts and community mixing. Childcare programs discussed in this guidance include centers or facilities that provide care to any number of children in a nonresidential setting, large family childcare homes that provide care for seven or more children in the home of the provider and small family childcare homes that provide care to six or fewer children in the home of the provider.<sup>1</sup>

4. Recommending social distancing of adults in the community, which may include cancellation of large public gatherings; changing workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible

without disrupting essential services; and ensuring work-leave policies to align incentives and facilitate adherence with the measures outlined above.

Planning now for a severe pandemic will assist you and your family as you prepare for interventions that might be recommended. Resources are available at <http://www.pandemicflu.gov/plan/individual/checklist.html> and [www.ready.gov/america/index.html](http://www.ready.gov/america/index.html). In addition, reliable, accurate, and timely information on the status and severity of a pandemic and recommendations for implementation of pandemic mitigation strategies is available at [www.pandemicflu.gov](http://www.pandemicflu.gov). Additional information is available from the Centers for Disease Control and Prevention (CDC) Hotline: 1-800-CDC-INFO (1-800-232-4636). This line is available in 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).

## Planning Recommendations

### 1. Plan for ill individuals to remain at home

- Be prepared to stay at home if you are ill with pandemic influenza. Information on taking care of ill people at home will be posted on [www.pandemicflu.gov](http://www.pandemicflu.gov).
  - It will be important to have extra supplies on hand during a pandemic, as you may not be able to get to a store or stores may be out of supplies. You should have a reserve of at least a two-week supply of water and food; however, if the pandemic is severe, community disruption may last for a longer period. If community water supplies are not suitable for consumption during a pandemic, your local water utility or public health authorities will notify the community.
  - Periodically check your regular prescription drugs to ensure a continuous supply in your home.
  - Have any nonprescription drugs and other health supplies on hand, including a thermometer, pain relievers, stomach remedies, cough and cold medicines, and other over-the-

### 2. Plan for all household members of a person who is ill to voluntarily remain at home

- Be prepared to stay at home if someone in your household is ill. Information on taking care of ill people at home will be posted on [www.pandemicflu.gov](http://www.pandemicflu.gov).
  - Have any nonprescription drugs and other health supplies on hand, including a thermometer, pain relievers, stomach remedies, cough and cold medicines, and other over-the-counter medicines that you and your family use on a regular basis.
  - Designate one person in the household who could be the caregiver if anyone in the household becomes ill with pandemic influenza. Develop an alternate plan for someone to be the caregiver if that person becomes sick.
  - Talk with neighbors, friends, and family about your plans for staying at home if you or someone in your household is ill. Share ideas.
    - Ensure that each household has a current list of emergency contacts in your community, including mental health and counseling resources.
  - Make plans for a backup if that person gets ill. Consider how to care for people in your household with special needs in case the services they rely on are not available.
  - Talk with neighbors, friends, and family about your plans for staying at home if someone in your household is ill. Share ideas.
  - Ensure that each household has a current list of emergency contacts in your community, including mental health and counseling resources.

### 3. Plan for dismissal of students and childcare closure

- If you have children in your household, make plans for their care if officials recommend dismissal of students from schools and closure of childcare programs.
- Plan and arrange now for who will care for children if schools and childcare programs dismiss students and children during a pandemic. Plan for an extended period (up to 12 weeks) in case the pandemic is severe.
- Do not plan to bring children to the workplace if childcare cannot be arranged.
- If you have children in a college or university, have a plan for the student to relocate or return home, if desired, or if the college/university dismisses students, at the onset of a Category 4-5 pandemic.
- Plan home-learning activities and exercises. Have materials, such as books, on hand.
- Public health officials will likely recommend that children and teenagers do not gather in groups in the community during a pandemic. Plan recreational activities that your children can do at home.
- Find out now about the plans at your child's school or childcare facility during a pandemic.
- In a severe pandemic, parents will be advised to protect their children by reducing out-of-school social contacts and mixing with other children. Although limiting all outside contact may not be feasible, parents may be able to develop support systems with co-workers, friends, families, or neighbors, if they continue to need childcare. For example, they could prepare a plan in which two to three families work together to supervise and provide care for a small group of infants and young children while their parents are at work (studies suggest that childcare group size of less than six children may be associated with fewer respiratory infections).<sup>2</sup>

### 4. Plan for workplace and community social distancing measures

- Become familiar with social distancing actions that may be used during a pandemic to modify frequency and type of person-to-person contact (e.g., reducing hand-shaking, limiting face-to-face meetings, promoting teleworking, liberal/unscheduled leave policies, and staggered shifts).
- Talk to your employer
- Talk to your employer about the pandemic influenza plan for your workplace to include issues about benefits, leave, telework, and other possible policies to go into effect during a pandemic.
- Ask your employer about how your employer will continue during a pandemic if key staff cannot come to work.
- Plan for the possible reduction or loss of income if you are unable to work or your place of employment is closed. Consider maintaining a cash reserve.
- Check with your employer or union about leave policies for workers who are ill, live in a household with someone ill with pandemic influenza, or have to take off work to take care of children.
- Find out if you can work from home.
- Discuss alternative ways of holding meetings at work, including, for example, teleconferences, during a pandemic.
- Find out how you will receive information from your employer during a pandemic.
- Prepare backup plans in case public gatherings, such as community events and meetings and worship services, are cancelled.
- Talk with others in your community about other ways of communicating during a pandemic if public gatherings are cancelled.
- Plan for recreational activities that you and your household members can do at home if community gatherings are cancelled during a pandemic.
- Discuss with your faith-based organization or place of worship their plans for communicating with members during a pandemic.

## 5. Help others

- Prepare backup plans for taking care of loved ones who are far away.
- Find volunteers who want to help people in need, such as elderly neighbors, single parents of small children, or people without the resources to get the medical help they will need.
- Think of ways you can reach out to others in your neighborhood or community to help them plan for and respond to a pandemic.

## References:

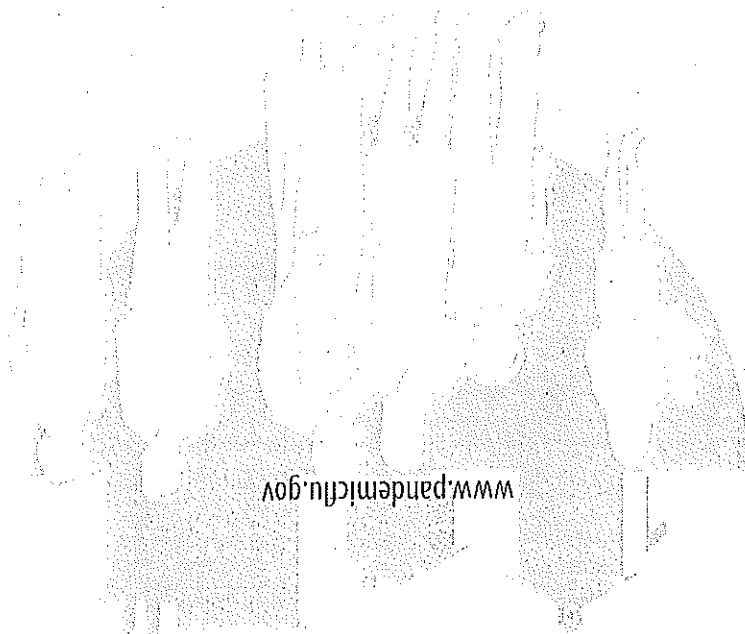
<sup>1</sup>American Academy of Pediatrics. Children in Out-of-Home Child Care: Classification of Care Service. In: Pickering LK, ed. Red Book: 2003 Report of the Committee on Infectious Diseases. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003:124.

<sup>2</sup>Bradley RH. Child care and common communicable illnesses in children aged 37 to 54 months. Arch Pediatr Adolesc Med. 2003 Feb;157(2):196-200.





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Early, Targeted, Layered Use of Nonpharmaceutical Interventions

# Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—