



MACS Pandemic Influenza Continuity Operations Plan

This document provides guidance to emergency operations and procedures in the case of a Pandemic Influenza outbreak in order to meet specific organizational needs and requirements. Federal Emergency Management Agency (FEMA) National Continuity Programs (NCP) Directorate were used as resources in developing this plan.

TABLE OF CONTENTS

I. INTRODUCTION	2
II. PURPOSE	2
III. CONCEPT OF OPERATIONS	3
IV. CONTINUITY PLANNING	3
V. PANDEMIC PLANNING ASSUMPTIONS	6
A. National Strategy for Influenza Implementation Assumptions	6
B. Organizational Assumptions	8
VI. PANDEMIC RESPONSE	9
A. Pandemic Coordinators and Pandemic Response Teams:	9
B. Risk Communications:	9
VII. ELEMENTS OF A VIABLE PANDEMIC INFLUENZA CONTINUITY CAPABILITY ..	10
A. Essential Functions	10
B. Orders of Succession	10
C. Delegations of Authority	11
D. Continuity Facilities	12
E. Continuity Communications	12
F. Essential Records Management	12
G. Human Resources	13
H. Test, Training and Exercises	13

I. Devolution of Control and Direction	13
J. Reconstitution	13
VIII. CONCLUSION	14
APPENDIX 1: WORLD HEALTH ORGANIZATION PHASES	14
APPENDIX 2: WEBSITES FOR PLANNING AND PREPAREDNESS	17

I. INTRODUCTION

Organizations across the Nation perform essential functions and services that may be adversely affected in the event of a natural or man-made disaster. In such events, organizations should have continuity plans to assist in the continuance of their essential functions. Continuing to perform essential functions and provide essential services is vital to an organization’s ability to remain a viable entity during times of increased threats from all hazards, manmade or natural. Since the threat to an organization’s continuity of operations is great during a pandemic outbreak; it is important for organizations, in particular, MicroSociety Academy Charter School, to have a Pandemic Influenza Continuity of Operations plan in place to ensure it can carry out its essential functions and services. While organizations may be forced to suspend some operations due to the severity of a pandemic outbreak, an effective Continuity of Operations Plan can assist an organization in its efforts to remain operational, as well as strengthen the ability to resume operations.

II. PURPOSE

This plan provides guidance to the MicroSociety Academy Charter School and may serve as the plan for maintaining essential functions and services during an influenza pandemic. This guidance neither replaces nor supersedes any current, approved the MicroSociety Academy Charter School continuity plan; rather it supplements it, bridging the gap between the traditional, all-hazards continuity planning and the specialized continuity planning required for a pandemic by addressing additional considerations, challenges, and elements specific to the dynamic nature of a pandemic.

This guidance stresses that essential functions can be maintained during a pandemic outbreak through mitigation strategies, such as social distancing, increased hygiene, the vaccination of employees and their families, and similar approaches. Influenza may not, in itself, require a traditional continuity response, such as partial or full relocation of the organization’s essential

functions, although this response may be concurrently necessary due to other circumstances.

III. CONCEPT OF OPERATIONS

The MicroSociety Academy Charter School will monitor the severity of the pandemic and establish continuity activation triggers to address the unique nature of the pandemic threat. The Pandemic Influenza Continuity Plan will be implemented as needed to support the continued performance of essential functions. The plan takes into account any considerations and elements specific to pandemic events and emerging infectious diseases.

Preparation Checklist

- *Identify Exposure Mitigation Steps*
- *Identify Orders of Succession and Delegations of Authority*
- *Survey Employee Skills and Permissions for Cross-Training*
- *Identify Essential Functions*
- *Identify Essential Records*
- *Inventory of Critical Supplies*
- *Create a Communication Plan*
- *Identify Devolution Criteria*
- *Identify Reconstitution Criteria*
- *Train and Test Plan Effectiveness*

IV. CONTINUITY PLANNING

All organization personnel are to be informed regarding protective actions and/or modifications related to this plan. Messaging and risk communications during an emerging infectious disease or pandemic will be conducted by the MicroSociety Academy Charter School. Guidance and instructions on established infection control measures such as social distancing, personal protective equipment and telework policies are provided by the MicroSociety Academy Charter School to assist in limiting the spread of influenza at the primary and alternate worksite.

Within the workplace, social distancing measures could take the form of: modifying the frequency and type of face-to-face employee encounters (e.g., placing moratoriums on hand-shaking, substituting teleconferences for face-to-face meetings, staggering breaks, posting infection control guidelines); telecommuting (remote learning, if applicable); promoting social distancing between employees and customers to maintain appropriate spatial separation between individuals; and implementing strategies that request and enable employees with influenza to stay home at the first sign of symptoms.

Organizations are encouraged to communicate with their employees, particularly any who are in harm's way. Frequent contact is important to keep employees informed about developments in the

organization's response, impacts on the workforce, and to reassure employees that the organization is continuing to function as usual.

Planners and pandemic response teams should include deliberate methods to measure, monitor, and adjust actions to changing conditions and improved protection strategies.

- *Implement a formal worker and workplace protection strategy with metrics for assessing worker conformance and workplace cleanliness.*
- *Monitor and periodically test protection methods.*
- *Track and implement changes in approved or recommended protection measures.*
- *Pre-position material and equipment onsite.*
- *Ensure essential personnel are at the primary worksite as necessary.*
- *Reaffirm that essential supplies and materials and personnel are on-hand*
- *Coordinate with local public health and emergency response points of contact to ensure open, adequate communications.*

Component-specific risk assessments (checklist) that identify actual control designations for all personnel and/ or positions will be conducted initially and periodically thereafter by the MicroSociety Academy Charter School.

Ongoing Continuity of Operations Checklist

- *Continue to monitor up-to-date information from health officials, and travel alerts*
- *Maintain status awareness of Mission Essential Function, Supporting Essential Functions, Essential Records, and Communication Channels*
- *Make regular updates to internal and external audiences on: current status, current chain of command/organizational chart, and up-to-date information from health officials*
- *Monitor employees for all aspects of health, including both physical and mental health amidst an altered work load*

Identify Exposure Mitigation Steps

The following are areas and steps to be considered by leadership that can impede the spread of an infectious disease, and mitigate the impact on business operations.

IN THE WORKPLACE

o Encouraging hygiene

- *Through our procedures and messaging (handshaking, hand washing, etc.)*

- *By providing supplies (PPE, tissues, soap and water, sanitizer, etc.)*
- *By maintaining a high standard of environmental cleanliness (increased cleaning measures and staff; installation of UV light on HVAC system and increase in fresh air intake)*
- o *Better protection of employees in the workplace:*
 - *Through telework/remote learning if applicable*
 - *Decrease interpersonal contact by limiting in person staff meetings*
 - *Increasing physical distance between employees*
 - *Evaluating gathering spaces, meetings, and events such as staff and whole school meetings*
 - *Supporting the personal, individual preparedness of our employees by:*
 1. *Allowing time and resources for good hygiene practices at work*
 2. *Allowing time to gather essential resources for home and work needs.*
 3. *Supporting alternate work plans as needed and if applicable*
 4. *Assisting in continuity planning for responsibilities outside of work*

IN OUR WORK POLICIES AND PROCEDURES

- *Assessing our work travel requirements:*
 - *Do not travel to a location of increased risk <https://wwwnc.cdc.gov/travel/notices>*
 - *If it is not essential to our business operations:*
 - *Postpone or conduct meetings digitally*
 - *Consider if the risk outweighs the reward*
 - *Consider if the employees traveling have pre-existing conditions that would make them more susceptible to infection*
- *Allow for any changes to make telework more feasible if we are forced to go to remote learning.*
 - *Ensure we have provided the right equipment*
 - *Ensure the school has adequate networks and connectivity*
 - *Ensure our work processes support distributed work*
 - *Ensure our policies and expectations fit a pandemic-type situation*
 - *Adjust workload or work hours as applicable*
 - *Provide resources to staff who are experiencing increased stress levels and mental health concerns.*
 - *Provide support and resources to Employees caring for family members*
 - *Understand that some Employees may be first responders in their*

communities and may be called into duty

- *Clarify expectations for reporting in and work completion.*
- *Ensure continuity of understanding throughout all management levels.*

IN OUR SICK LEAVE POLICY

- *Criteria for sick employees:*
 - *CDC: “Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering.”*
 - *Establish a procedure and level of notification we will require from employees.*
 - *Determine if we will share this information with other employees for health monitoring purposes.*
 - *Determine when we will send an employee home.*
 - *Address when there are sick family members in their home.*
 - *Consider a voluntary quarantine for employees who have recently traveled to locations with elevated infection rates.*
 - *Determine how to support employees without sick leave time accrued, including part-time or hourly employees.*
 - *If schools and childcare facilities close have a plan on how to support staff with children.*
 - *Clarify expectations and criteria for both staying home and returning to work.*
 - *Ensure continuity of understanding throughout management levels.*

V. PANDEMIC PLANNING ASSUMPTIONS

Assumptions address the **overarching** planning assumptions that were used in developing the organizations Pandemic Influenza Continuity of Operations Plan (COOP) such as those provided in the *National Strategy for Pandemic Influenza Implementation Plan*. It also identifies any specific planning assumptions identified by the organization’s State and/or local jurisdiction.

A. NATIONAL STRATEGY FOR INFLUENZA IMPLEMENTATION ASSUMPTIONS

- *Susceptibility to the pandemic influenza virus will be universal.*
- *Efficient and sustained person-to-person transmission signals an imminent pandemic.*
- *The clinical disease attack rate will likely be 30 percent or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak.*
- *Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.*
- *While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemic about half of those who become ill sought care. With the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.*
- *Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.*
- *Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach **40 percent** during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing organizations, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.*
- *The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days.*
- *Persons who become ill may shed virus and can transmit infection for up to one day before the onset of symptoms. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children usually shed the greatest amount of virus and therefore are likely to post the greatest risk for transmission.*

- *On average, infected persons will transmit infection to approximately two other people.*
- *A pandemic outbreak in any given community will last about six to eight weeks for each wave of the pandemic.*
- *Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting two-three months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.*

B. ORGANIZATIONAL ASSUMPTIONS

- *Organizations will be provided with guidance and/or direction by Federal, State, local governments regarding current influenza pandemic status in its area.*
- *Organizations will have actionable plans and procedures to assist in the ability to remain operational during a pandemic. Plans and procedures may include social distancing protocols, personal protection equipment (PPE), and temporary suspension of some non-essential activities.*
- *MicroSociety Academy Charter School has a viable school-wide continuity capability, and a MicroSociety Academy Charter School Framework Model for the continued education of MACS students throughout a pandemic outbreak (see Framework).*
- *MicroSociety Academy Charter School will review its continuity communications programs to ensure they are fully capable of supporting pandemic and other related emergencies, and give full consideration to supporting social distancing operations, including telework and other virtual office options, as applicable.*
- *MicroSociety Academy Charter School -controlled buildings will be accessible, but right of entry may be limited.*
- *MicroSociety Academy Charter School may deploy to an alternate designated facility or go fully remote.*
- *Essential functions, operations, and support requirements will continue to be people dependent. However, human interactions may be remote or virtual, resulting in the employment of appropriate teleworking and other approved social distancing protocols, as applicable..*

- *Travel restrictions, such as limitations on mass transit, implemented at the Federal, State, territorial, and local levels may affect the ability of some staff to report to work.*
- *Additional funding will be budgeted for the acquisition of additional equipment required for a possible surge in teleworking capabilities.*

VI. PANDEMIC RESPONSE

A. PANDEMIC COORDINATORS AND PANDEMIC RESPONSE TEAMS: The *MicroSociety Academy Charter School* Director will oversee a Pandemic Response Team (PRT) to anticipate the impacts of a pandemic on the *MicroSociety Academy Charter School* and to assist with developing strategies to manage the effects of an influenza outbreak. The *MicroSociety Academy Charter School* Director has been designated as the Agency Pandemic Influenza Coordinator who will work with a team of advisors from the *MicroSociety Academy Charter School Board of Trustees*, which includes parent representatives, to support the Pandemic Continuity Coordinator. *MicroSociety Academy Charter School Board of Trustees* has designated the Director as the Pandemic Influenza Continuity Coordinator.

The *MicroSociety Academy Charter School Pandemic Response Team* is comprised of the following:

- 1. Director*
- 2. Coordinator*
- 3. School Nurse*
- 5. Guidance Counselor*
- 6. Teacher representative*

B. RISK COMMUNICATIONS: *MicroSociety Academy Charter School* will develop influenza pandemic risk communications procedures for communicating with all internal and external stakeholders. This includes the use of existing notification rosters with names and telephone numbers. These rosters are maintained and updated by the COOP points of contact (POC) and posted in the ALMA database. Hardcopies are maintained at the Main Office.

ALMA Alert is the main use of external and internal communications to our stakeholders. Backup is via the website and social media accounts.

VII. ELEMENTS OF A VIABLE PANDEMIC INFLUENZA CONTINUITY CAPABILITY

A. ESSENTIAL FUNCTIONS *Given the expected duration and potential multiple waves of pandemic outbreaks, organizations must review the process involved in carrying out essential functions and services in order to develop plans that mitigate the effects of the pandemic while simultaneously allowing the continuation of operations which support essential functions. MicroSociety Academy Charter School has identified essential functions and services needed to sustain its mission and operations during a pandemic. MicroSociety Academy Charter School Essential Functions include, but are not limited to, day to day operations (education of students through lessons and teacher check ins), financial management, HR support, and family wellness checks, and special education/504 and ELL services.*

B. ORDERS OF SUCCESSION *Since influenza pandemic may affect regions of the United States differently in terms of timing, severity, and duration, MicroSociety Academy Charter School has identified orders of succession that are at least three deep per position while considering dispersing successors to various geographically separated locations, as appropriate. The MicroSociety Academy Charter School Orders of Succession are :*

Orders of Succession		
<i>Position</i>	<i>Designated Successor</i>	<i>Conditions or Limitations</i>
<i>Director</i>	<i>Coordinator</i>	<i>Until the return or replacement of the incumbent.</i>
		<i>Not to exceed 1 month</i>
		<i>Cannot run payroll or sign checks, Chair or Treasurer will complete in conjunction with bookkeeper.</i>
		<i>All HR concerns will be directed to Governance Committee Chairperson(s)</i>

<i>Coordinator</i>	<i>Guidance Counselor</i>	<p><i>Until the return or replacement of the incumbent.</i></p> <p><i>Not to exceed 1 month</i></p> <p><i>Cannot run payroll or sign checks, Chair or Treasurer will complete in conjunction with bookkeeper</i></p> <p><i>All HR concerns will be directed to Governance Committee Chairperson(s)</i></p> <p><i>Cannot conduct evaluations of staff</i></p>
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C. DELEGATIONS OF AUTHORITY *At the height of a pandemic wave, absenteeism may be significant; as such, MicroSociety Academy Charter School has established delegations of authority that are at least three deep to take into account the expected rate of absenteeism and regional nature of the outbreak to help assure continuity of operations over an extended time period. The MicroSociety Academy Charter School Delegations of Authority for the senior leadership are:*

<i>Delegation of Authority</i>			
<i>Authority Type</i>	<i>Authority Holder</i>	<i>Delegated Authority</i>	<i>Conditions or Limitations</i>
<i>Contract Signature</i>	<i>Director</i>	<i>Board Chair</i>	<i>Until the return or replacement of the incumbent.</i>
		<i>Vice Chair</i>	

<i>Hiring Temporary Employees</i>	<i>Director</i>	<i>Coordinator</i>	<i>Until the return or replacement of the incumbent.</i> <i>Not to exceed 1 month</i>
<i>Travel Authorization</i>	<i>Director</i>	<i>Coordinator and Bookkeeper (joint decision)</i>	<i>Until the return or replacement of the incumbent.</i> <i>Not to exceed 1 month</i>

D. CONTINUITY FACILITIES *The traditional use of continuity facilities to maintain essential functions and services may not be a viable option during a pandemic. Rather, safe work practices, which include social distancing and transmission interventions, reduce the likelihood of contacts with other people that could lead to disease transmission. MicroSociety Academy Charter School has developed preventative practices such as social distancing procedures, hygiene etiquette, and cancellation of organizations' non-essential activities to reduce the spread of the pandemic. Plans have also been established to move to remote learning or a hybrid model, if needed. (see MACS Framework Document).*

E. CONTINUITY COMMUNICATIONS *According to the National Strategy Implementation Guidance, workplace risk can be minimized through implementation of systems and technologies that facilitate communication without person- to-person contact. MicroSociety Academy Charter School has identified communication systems needed to perform essential functions. The MicroSociety Academy Charter School Continuity Communications plan for pandemic influenza is via our SIS system, ALMA, and teleconferencing, as applicable.*

F. ESSENTIAL RECORDS MANAGEMENT *MicroSociety Academy Charter School shall identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions during a pandemic outbreak. MicroSociety Academy Charter School has identified systems, databases, and files that are needed to ensure essential functions remain operational. The MicroSociety Academy Charter School Essential Records plan for pandemic influenza is via our SIS system, ALMA and Google classroom/Docs and Google Hangouts, as applicable.*

G. HUMAN RESOURCES Although a pandemic influenza outbreak may not directly affect the physical infrastructure of an organization, a pandemic will ultimately threaten all operations by its impact on an organization's human resources. The health threat to personnel is the primary threat to maintaining essential functions and services during a pandemic outbreak. MicroSociety Academy Charter School has established plans to protect the entire employee population and their families, with additional guidance for key personnel, and other essential personnel, should a pandemic influenza outbreak occur. The MicroSociety Academy Charter School Human Resource point of contact is the Director (or his/her successors). Staff are encouraged to communicate with the Director if they are impacted in any way by a pandemic influenza outbreak.

H. TEST, TRAINING AND EXERCISES Testing, training, and exercising are essential to assessing, demonstrating, and improving an organization's ability to maintain its essential functions and services. The organization conducts annual tests, training, and exercises to ensure sustainable social distancing techniques, and to assess the impacts of reduced staff on the performance of essential functions. The organization conducts continuity exercises to examine the impacts of pandemic influenza on performing essential functions, and to familiarize personnel with their responsibilities. The organization has identified resources and trained continuity personnel, needed to perform essential functions. The MicroSociety Academy Charter School's plan is for assistant instructional staff, office staff and specialists to be cross trained, as needed, to assist in the essential functions of the school if it is impacted by reduced staff.

I. DEVOLUTION OF CONTROL AND DIRECTION Devolution is the process of transferring operational control of one or more essential functions to a predetermined responsible party or parties. Pandemic outbreaks will occur at different times, have variable durations, and may differ in the severity; therefore, full or partial devolution of essential functions may be necessary to continue essential functions and services. MicroSociety Academy Charter School has established plans and procedures for devolution, which identifies how it will transfer operations, if pandemic influenza renders leadership and essential staff incapable or unavailable. The MicroSociety Academy Charter School Devolution of Control and Direction plan for pandemic influenza which includes succession plans and assignments, along with the Framework model, which is fluid, and allows for remote and hybrid operations to occur at any given time.

J. RECONSTITUTION Reconstitution is the process whereby an organization has regained the capability and physical resources necessary to return to normal (pre-disaster) operations. The objective during reconstitution is to effectively manage, control, and, with safety in mind, expedite the return to normal operations. The MicroSociety Academy Charter School has developed reconstitution plans and procedures, in conjunction with local public health authorities, to ensure facilities/buildings are safe to return. The organization's reconstitution plan should consider the

possibility that not all employees may be able to return to work at the time of reconstitution and that it may be necessary to hire temporary or permanent workers in order to complete the reconstitution process. The MicroSociety Academy Charter School Reconstitution plan for pandemic influenza is to have NHHS and HESM and DOE authorities work with administration to ensure the building is safe to return. Appropriate replacement staff will be hired, if needed, in order to return to normal operations.

VIII. CONCLUSION

Maintaining the MicroSociety Academy Charter School essential functions and services in the event of pandemic influenza requires additional considerations beyond traditional continuity planning. Unlike other hazards that necessitate the relocation of staff performing essential functions to an alternate operating facility, an influenza pandemic may not directly affect the physical infrastructure of the organization. As such, a traditional “continuity activation” may not be required during a pandemic influenza outbreak. However, a pandemic outbreak threatens an organization’s human resources by removing essential personnel from the workplace for extended periods of time. Accordingly, the MicroSociety Academy Charter School continuity plan addresses the threat of a pandemic influenza outbreak. Continuity Plans for maintaining essential functions and services in a pandemic influenza should include implementing procedures such as social distancing, infection control, personal hygiene, and cross-training (to ease personnel absenteeism in a critical skill set). Protecting the health and safety of key personnel and other essential personnel must be the focused goal of the organization in order to enable the organizations to continue to operate effectively and to perform essential functions and provide essential services during a pandemic outbreak.

APPENDIX 1: WORLD HEALTH ORGANIZATION PHASES The World Health Organizations (WHO) developed an alert system to help inform the world about the seriousness of a pandemic. The alert system has six phases, with Phase 1 having the lowest risk of human cases and Phase 6 posing the greatest risk of pandemic. Organizations are encouraged to monitor the WHO phases and establish continuity “triggers” as deemed appropriate. The phases are applicable globally and provide a framework to aid countries in pandemic preparedness and response planning. The use of a six-phased approach has been retained. However, the pandemic phases have been re-defined (Table 1). In addition, the time after the first pandemic wave has been elaborated into post peak and post pandemic periods.

Table 1: World Health Organization Pandemic Influenza Phases

Phase 1

No animal influenza virus circulating among animals has been reported to cause infection in humans.

Phase 2

An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.

Phase 3

An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.

Phase 4

Human-to-human transmission (H2H) of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.

Phase 5

The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.

Phase 6

In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.

Post-Peak Period

Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.

Possible New Wave

Level of pandemic influenza activity in most countries with adequate surveillance rising again.

Post- Pandemic Period

Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

The WHO phases of pandemic alert: In the 200 revision of the phase descriptions, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and

approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.

In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in Phase 1 no viruses circulating among animals have been reported to cause infections in humans. In Phase 2 an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat. In Phase 3, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is underway. During the post-peak period, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave. Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information

with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.

In the post-pandemic period, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

APPENDIX 2: WEBSITES FOR PLANNING AND PREPAREDNESS

- <http://www.opm.gov/pandemic/index.asp> - Links to policies on leave, pay, hiring, alternative work arrangements and other critical human capital issues in relation to pandemic influenza.
- <http://www.pandemicflu.gov> - pandemic influenza related information (e.g., signs and symptoms of influenza, modes of transmission, developing individual and family plans, etc.).
- <http://www.flu.gov/planning-preparedness/federal/index.html#> Pandemic influenza related information for Federal Government agencies to use for planning and preparedness. Links to other federal government agencies.

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