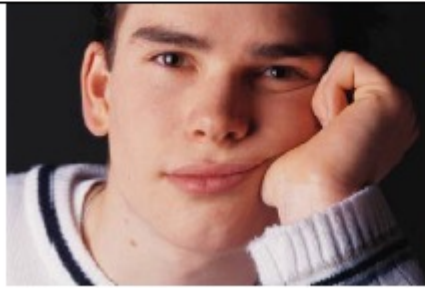
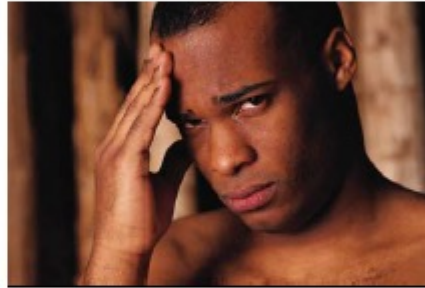


State of Georgia
Emergency Preparedness Planning Kit
for
Small Residential Providers



**Prepared for the Georgia
Healthcare Community Preparedness Program**

This kit is part of the Georgia Health Community Preparedness Program's series of planning tools for emergencies. By filling out the worksheets in this kit, you can create a plan for how you will deal with different types of emergencies. Worksheets are included to help you develop your:

- Evacuation Plan
- Shelter-in-Place Plan
- Continuity of Operations Plan

The box on the next page shows how you can decide which plan or plans you need to use in a each type of emergency.

In an emergency, it is important to know who is responsible for what and to be able to communicate with others. You can plan this for your own facility, but you should also know how your community handles these things. The Community Response Partners Worksheet will help you to do this.

It is important for staff to develop Personal or Family Emergency Plans. They will be better able to help you meet your responsibilities to your individuals during an emergency if they know that their family will be okay. This is more likely to occur if they have planned for their families' needs in advance.

Disaster Assessment

1) Is your facility safe?

€ Yes

€ No Use Evacuation Plan

2) What is happening? (Local officials may instruct you differently based on the circumstances in any particular event.)

Hurricane (coastal areas) Flood Wildfire	€ Use Evacuation Plan
Tornado	€ Use Shelter-in-Place Plan (for weather, shelter down)
Winter storm Hurricane (inland areas)	€ Use Continuity of Operations Plan
Chemical Release	€ Use Shelter-in-Place Plan
Contagious disease Flu pandemic	€ Use Pandemic Flu Plan

3) Do you have utilities?

€ Yes

€ No Use Continuity of Operations Plan

4) Can your staff get to work?

€ Yes

€ No Use Continuity of Operations Plan

Instructions

Step 1: Fill out the Facility Information Worksheet and make four copies. The Community Response Partners worksheet tells you who you should give them to.

Step 2: Fill out the Community Response Partners Worksheet so that you have handy the contact information for the organizations with which you need to coordinate in an emergency. The Worksheet also has a space for you to write down some information that you need to get from them to help with your planning. See below for instructions how to get some of your local contacts.

Local Emergency Management Agency

To find your local emergency management agency, go to www.gema.ga.gov

- Scroll to the bottom of the home page
- Click on Cities and Counties
- Find and click on your city or county for contact information for your local emergency management agency

District Public Health Office

To find your district public health office, you can either

- Call your local health department and ask them for the name and phone number of the Emergency Coordinator for your public health district.
- Contact Jeannette David at the Georgia Department of Behavioral Health and Developmental Disabilities at Jeannette.david@dbhdd.ga.gov

Local chapter of the American Red Cross

To find your local Red Cross chapter, go to www.redcross.org,

- Click on Find Your Local Red Cross at the top of the home page
- Enter your zip code

Step 3: Fill out the Evacuation Plan Worksheet. Review it with your staff to be sure they understand it and know what they are supposed to do. Provide a copy of it to:

- Your staff
- Your local response partners

Step 4: Create emergency ID tags to use for your individuals if you need to evacuate. The tags should include their name and any special needs that it would be important for shelter staff or volunteers to know about them, such as medications they take, how best to communicate with them, etc. There is a template that you can use in this kit. The template is designed so that you can print the name tags on a computer and insert them into plastic name tag holders. Or you can hand write them onto the template. Or you can make your own. The important thing is that information is easily available so that others helping out in an emergency know how to best care for your individuals.

Instructions

Step 5: Fill out the Shelter-in-Place Plan Worksheet. Review it with your staff to be sure they understand it and know what they are supposed to do. Provide a copy of it to:

- Your staff
- Your local response partners

Step 6: Using the information on your Evacuation Plan Worksheet, fill out the Worksheet for Emergency Contacts of Individuals. Give a copy to the emergency contacts of all of your individuals. Include a copy of it in the information you give to the emergency contacts of new individuals.

Step 7: Using the information on your Evacuation Plan Worksheet, fill out the Worksheet for Emergency Contacts of Staff. Give a copy to the emergency contacts of all of your current staff members. Include a copy of it in the information you give to the emergency contacts of new staff.

Step 8: Fill out the Continuity of Operations Plan Worksheet. Review it with your staff to be sure they understand it and know what they are supposed to do. Provide a copy of it to your staff.

Step 9: Fill out the Continuity of Operations Plan – Pandemic Worksheet. Review it with your staff to be sure they understand it and know what they are supposed to do. Provide a copy of it to your staff.

Step 10: Your agency needs to have plan for the individuals living independently in the community. Work with each individual to develop a disaster plan.

Whenever you update or make changes to any of these plans, be sure to explain the changes to your staff and make sure they know what they are supposed to do under the new plan. Give a copy of the new plan to your community partners.

This planning kit is a work-in-progress. It will be improved by your experiences in using it. If you think it can be improved, contact:

Jeannette David
Disaster Mental Health Coordinator
Phone: (404) 657-2354
jeannette.david@dbhdd.ga.gov

Step 1

Facility Information Worksheet

Emergency Preparedness Planning Kit

Facility Information Sheet

Name of Provider	
Address	
Primary Contact:	
Name	
Telephone	
Cell Phone	
Email	
Other	
Backup Contact:	
Name	
Telephone	
Cell Phone	
Email	
Other	

Number of residents:	
-----------------------------	--

Type of care/services provided:

Description of special needs individuals:

Step 2
Community Response Partners
Worksheet

Emergency Management Plan

Community Response Partners

Local Emergency Management Agency

See instructions for how to identify your local emergency management agency. Fill in the information in the table:

Once you know who your emergency management agency is, give them a copy of your Facility Information Worksheet to make sure they know who you are, what kind of facility you operate, and what type of individuals you serve.

- € Ask what types of hazards are identified in your community's Hazard Vulnerability Analysis. These are the hazards you should plan for.
- € Find out whether they have materials or resources to help you plan.
- € Ask about your community's Incident Command System* and how you fit into it.

Your local Emergency Management Agency:	
Address	
Email:	
Phone:	
Fax:	
Director:	
Hazards considered most likely in your community's Hazard Vulnerability Analysis/Emergency Operations Plan:	

Local Public Safety Officials

In small communities, the emergency management agency and the fire department may be the same.

- € If your area does not have 911 service, make sure you have written down the correct emergency contact numbers for your police and fire departments.
- € Make sure your local public safety officials know who you are, what kind of facility you operate, and what type of individuals you serve by filling out the Facility Information Worksheet and giving it to them.

Your Fire Department:	
Address	
Email:	
Phone:	
Fax:	
Chief:	

Your Police Department:	
Address	
Email:	
Phone:	
Fax:	
Chief:	

* See Background Information section.

Emergency Management Plan

Community Response Partners

Local Health Department

Fill in the information in the table for your local health department.

Give them a copy of your Facility Information Worksheet to make sure they know who you are, what kind of facility you operate, and what type of individuals you serve.

- € Find out whether they have materials or resources to help you plan.

Your county health department:	
Address	
Email:	
Phone:	
Fax:	
Shelter Coordinator:	

District Public Health Office

See instructions for how to identify your district public health office. Fill in the information in the table.

Give them a copy of your Facility Information Worksheet to make sure they know who you are, what kind of facility you operate, and what type of individuals you serve.

- € Ask them about their regional healthcare coalition and how you can get involved
- € Find out whether they have materials or resources to help you plan.

Your district public health office:	
Address	
Email:	
Phone:	
Fax:	
Emergency Coordinator:	
Healthcare Coalition Contact	

Emergency Management Plan Community Response Partners

American Red Cross, Local Chapter

See instructions for how to identify the local chapter of the American Red Cross (ARC). Fill in the information in the table:

Once you have identified your local Red Cross chapter, give them a copy of your Facility Information Worksheet to make sure they know who you are, what kind of facility you operate, and what type of individuals you serve.

- € Ask where shelters will be set up in a disaster so that you can plan how you will get your individuals and staff to the shelter if you need to evacuate.

The local chapter of the American Red Cross:	
Address	
Email:	
Phone:	
Fax:	
Director:	
Possible locations of shelters: (Put these on your Evacuation Plan Worksheet.)	

Power Company:

If you have individuals that are dependent on support equipment powered by electricity, you should advise your power company and ask that you be put on the list for priority restoration of service.

- € Make sure your local power company knows what kind of facility you operate, and what type of individuals you serve.
- € Fill out the information worksheet about your facility and give it to your local power company.

Power company:	
Address	
Email:	
Phone:	
Fax:	
Contact:	

Emergency Management Plan

Community Response Partners

Volunteers

Are there organizations that provide volunteers to help you with your individuals? It may be a faith-based organization that provides recreational activities, transportation, psychosocial support services, or other types of help.

- € Discuss with these organizations how they could help you for different types of disasters (e.g., if you need to evacuate).
- € Write how they will help you in the block to the right and on the worksheet for the Plan they will be a part of (e.g., Evacuation Plan).
- € Give them a copy of all plans in which they are included.

Community partner:	
Address	
Email:	
Phone:	
Fax:	
Contact:	
How they will help in an emergency:	

Community partner:	
Address	
Email:	
Phone:	
Fax:	
Contact:	
How they will help in an emergency:	

Community partner:	
Address	
Email:	
Phone:	
Fax:	
Contact:	
How they will help in an emergency:	

Step 3

Evacuation Plan Worksheet

Organization Name:	Address	City	County	Zip Code:

Evacuation Plan

Responsible Individuals	Name/Title	Phone Number	Cell Phone/ Pager	Notes
Individual responsible for activating and implementing the Evacuation Plan				
Backup individual				

Destination [Use this section to plan where will you go if you must evacuate your facility.]

A **Memorandum of Understanding (MOU)** is a document that you sign with another organization to agree to help each other when disasters occur. Since another facility can help you only if they are not **also** affected by the disaster, you should have MOUs with organizations outside of your community for disasters that affect the whole community. MOUs with organizations in your community are good for disasters that only affect one facility, such as a fire in your building. If you don't have any MOUs now, you should develop such arrangements.

Write below the MOUs you have with other organizations in which you agree to evacuate to each other's facilities in a disaster affecting only one of you.

Organizations with which you have an MOU	Contact Name/Title	Phone Number	Cell Phone/ Pager	Attach MOU, directions and procedure
[Local]				
[Distant]				
[Distant]				

Contact the local chapter of the **American Red Cross** to find out their planned shelter locations so that you can plan how you will transport your individuals there in case you need to evacuate to one of their shelters. Find out whether your individuals would be appropriate for these shelters and what you need to do to have access to the shelter in an emergency. Fill in the information below on the shelters to which you plan to evacuate.

Planned shelter locations	Contact Name/Title	Phone Number	Pager	Attach Procedure/Requirements and directions

Organization Name:	Address	City	County	Zip Code:

Evacuation Plan

Transportation

Do you have enough vehicles to transport your individuals during an evacuation?	Yes	No	If no, list the organizations below with which you have agreements to transport your individuals to and from your destination in case you need to evacuate. Be sure to ask them how many other organizations they have also agreed to help. In an event like a hurricane, when whole communities need to evacuate, they may not be able to help everyone with whom they have MOUs. You should have MOUs with more than one transportation organization because of this.	
Are enough of your staff qualified to drive your vehicles so that there is always someone to drive them in an evacuation, even if the usual driver is away from the facility?	Yes	No		
Name of Community Partner Organization	Contact Name/Title	Phone Number	Pager	Location of procedure or MOU

Disaster Kit [You can find suggestions for what to include in your disaster kit at www.ready.georgia.gov]

	Location	Who is responsible for bringing it?	Who is responsible for double checking that it is on board?
Basic disaster kit			
Food			
Critical supplies for special needs individuals, including medications			
Critical records, including lists of emergency contacts for your individuals and staff and a copy of the Community Response Partners Worksheet			

What special needs must you provide for en route (e.g., meds, durable medical equipment)?

Individual	Special Needs	
		You can use the Individual ID Tags Template to prepare name tags for your individuals. The template has spaces for the individuals' name and the name of your facility on one side. On the other side there are spaces for information that would be useful for staff of a shelter to know about your individual. The template is designed to be used with plastic name badge holders.

Volunteers [Write where your volunteers come from and what they will do in a disaster below.]

Name of Community Partner Organization	Contact Name/Title	Phone Number	Pager	Volunteer's Assignment

Organization Name:	Address	City	County	Zip Code:

Evacuation Plan

Communication [Keep in mind that telephones and cell phones may not be working. Plan for back-up methods of communication if these usual methods fail.]

Who will you keep informed of your whereabouts? This should be someone who is in a different geographic area or state to reduce the chances that they will also be affected by the disaster.

Name	Phone	Email

How do you plan to communicate with the families of your individuals if you have to evacuate your facility?

How do you plan to communicate with the families of your staff if you have to evacuate your facility?

How do you plan to communicate with off duty staff if you have to evacuate your facility?

How do you plan to communicate with your destination if you have to evacuate your facility?

With whom will you communicate if you have problems en route, and how?

How do you plan to communicate with public safety officials if you have to evacuate your facility?

Last Updated	Date:	Signature

Step 4

Individual ID Tags

First Name

Last Name

Name of Facility

cut line

fold line

Disability/Conditions:

Medications:

Allergies:

Communications/Other Instructions:

First Name

Last Name

Name of Facility

cut line

fold line

Disability/Conditions:

Medications:

Allergies:

Communications/Other Instructions:

First Name

Last Name

Name of Facility

Cut line

fold line

Disability/Conditions:

Medications:

Allergies:

Communications/Other Instructions:

First Name

Last Name

Name of Facility

fold line

Disability/Conditions:

Medications:

Allergies:

Communications/Other Instructions:

Step 5

Shelter-in-Place Plan Worksheet

Organization Name:	Address	City	County	Zip Code:

Shelter-in-Place Plan

Sheltering-in-place means staying where you are and taking shelter, rather than trying to evacuate. For more information on how to shelter-in-place, see the Background Information section.

Responsible Individuals	Name/Title	Phone Number	Cell Phone/ Pager	Email
Individual responsible for activating and implementing the shelter-in-place Plan				
Backup individual				

Safe Areas

What room(s) in your facility will you use if you need to shelter-in-place in a low place in your facility (e.g., for a tornado)

Locations	Describe your plan for using this space as a shelter (e.g., the number of people who can fit here, plans for sanitation, power, and communications, how furniture should be arranged for maximum safety. Attach procedures, if necessary.

What room(s) in your facility will you use if you need to shelter-in-place in a high place in your facility (e.g., for a chemical release)

Locations	Describe your plan for using this space as a shelter (e.g., the number of people who can fit here, plans for sanitation, power, and communications, how you will seal the room. Attach procedures, if necessary.

Train and Practice this Plan!

Organization Name:	Address	City	County	Zip Code:

Shelter-in-Place Plan

Disaster Kit [You can find suggestions for what to include in your disaster kit at www.georgiadisaster.info.]

	Location	Who is responsible for bringing it to the safe area(s)?	Who is responsible for double checking that it is in the safe area(s)?
Basic disaster kit			
Food			
Critical supplies for special needs individuals, including medications			
Critical records, including lists of emergency contacts for your individuals and staff and a copy of the Community Response Partners Worksheet			

What special needs must you provide for (e.g., meds, durable medical equipment)?

Individual	Special Needs

Volunteers [Write where your volunteers come from and what they will do in a disaster below.]

Name of Community Partner Organization	Contact Name/Title	Phone Number	Pager	Volunteers' Assignment

Organization Name:	Address	City	County	Zip Code:
Shelter-in-Place Plan				
Communication				
Who will you keep informed of your whereabouts? This should be someone who is in a different geographic area or state to reduce the chances that they will also be affected by the disaster.				
Name	Phone	Email		
How do you plan to communicate with the families of your individuals if you have to shelter-in-place your facility?				
How do you plan to communicate with the families of your staff if you have to shelter-in-place your facility?				
How do you plan to communicate with off duty staff if you have to shelter-in-place your facility?				
Who will you communicate with (and how) if you have problems while in your safe area?				
How do you plan to communicate with public safety officials if you have to shelter-in-place your facility?				
Last Updated	Date:	Signature		

Step 6

Worksheet for Emergency Contacts of Individuals

Organization Name:	Address	City	County	Zip Code:

Worksheet for Emergency Contacts of Individuals

Communication

In an emergency, we will keep the following individuals informed of our whereabouts? This is someone who is in a different geographic area or state to reduce the chances that they will also be affected by the disaster.

Name	Phone	Email

This is how we plan to communicate with the families of our individuals if we have to evacuate our facility or shelter-in-place:

This is who we will communicate with (and how) if we have problems en route while we are evacuating.

Destination

These are the three most likely places to which we would evacuate (so you know in case we cannot reach you or our emergency contact):

Location	Contact Name/Title	Phone Number	Cell Phone/ Pager	Address

Last Updated	Date:	Signature

Step 7

Worksheet for Emergency Contacts of Staff

Organization Name:	Address	City	County	Zip Code:

Worksheet for Emergency Contacts of Staff

This worksheet describes how we will communicate with you in case a disaster occurs at our facility or in our community. It also tells you the three places we are most likely to go if we have to evacuate our facility, but can't communicate with you. We may be instructed to shelter in place if it is safer to stay indoors than to move to another location. This is called sheltering-in-place and may occur if a chemical or other hazardous substance has been released into the air. Sheltering-in-place means going to a small, interior room, with no or few windows.

Communication

In an emergency, we will keep the following individuals informed of our whereabouts? This is someone who is in a different geographic area or state to reduce the chances that they will also be affected by the disaster.

Name	Phone	Email

This is how we plan to communicate with the families of our staff if we have to evacuate our facility or shelter-in-place:

This is who we will communicate with (and how) if we have problems en route while we are evacuating.

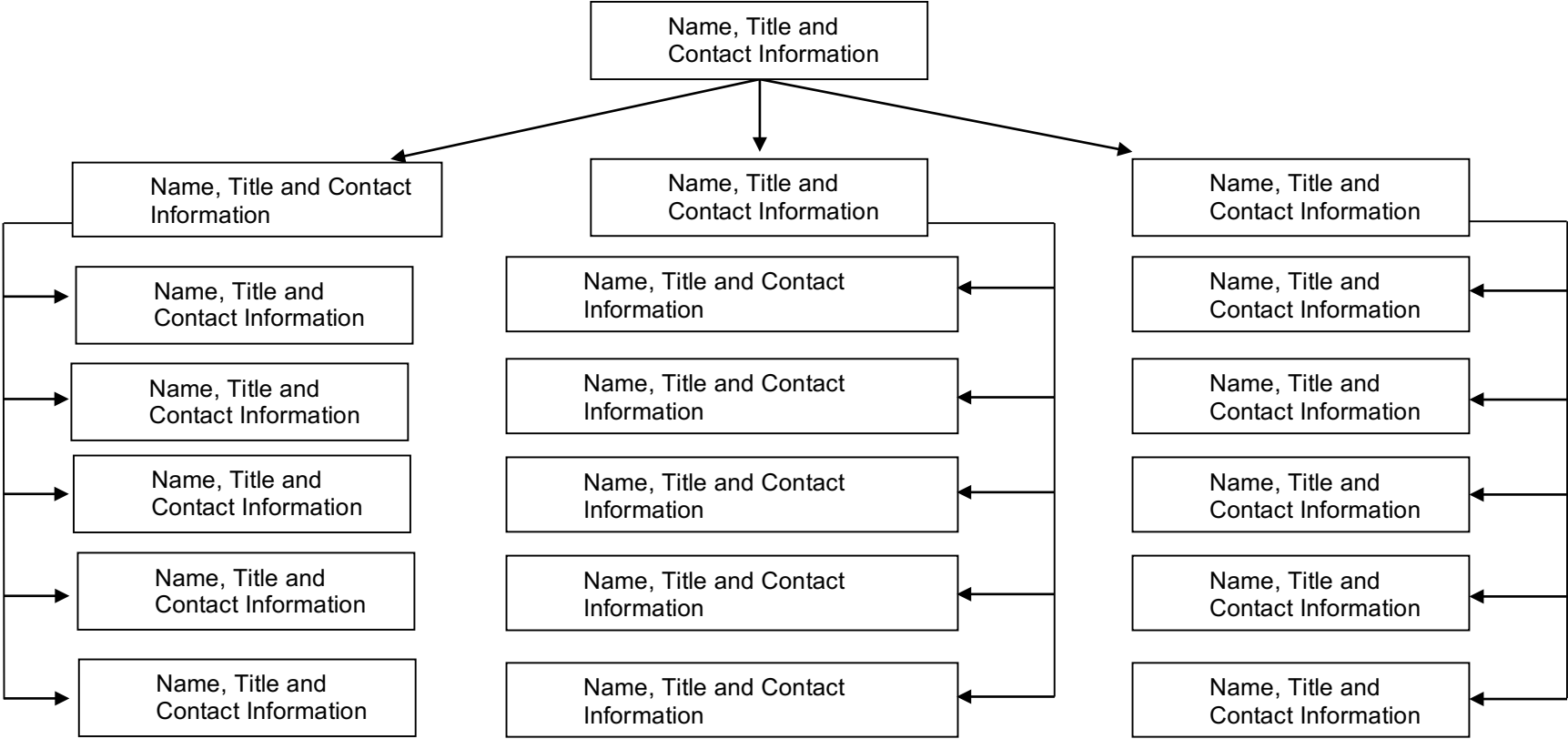
Destination

These are the three most likely places to which we would evacuate (so you know in case we cannot reach you or our emergency contact):

Location	Contact Name/Title	Phone Number	Cell Phone/ Pager	Address

Last Updated	Date:		Signature
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Name of Facility
STAFF CALL LIST TEMPLATE



Step 8

Continuity of Operations Plan

Worksheet

Organization Name:	Address	City	County	Zip Code:

Continuity of Operations Plan

Your Continuity of Operations Plan should describe how you will continue to function even when emergency events directly affect your facility. See the Background Information section for more information on Continuity of Operations Planning.

Responsible Individuals	Name/Title	Phone Number	Cell Phone/ Pager	Email
Individual responsible for activating and implementing the Continuity of Operations Plan				
Backup individual				

Essential Services

What special needs must you provide for your individuals even in a disaster (e.g., meds, durable medical equipment)?

Individual's Name	Description of their critical needs	Plan for meeting their needs	Staff member responsible

A **Memorandum of Understanding (MOU)** is a document that you sign with another organization to agree to help each other when disasters occur. Since another facility can help you only if they are not *also* affected by the disaster, you should have MOUs with organizations outside of your community for disasters that affect the whole community. MOUs with organizations in your community are good for disasters that only affect one facility, such as a fire in your building. If you don't have any MOUs now, you should develop such arrangements.

Write below the MOUs you have with other organizations in which you agree to evacuate to each others' facilities in a disaster affecting only one of you.

Name of Community Partner Organization	Contact Name/Title	Phone Number	Cell Phone/ Pager	Attach MOU and/or procedure

What will you do if your staff can't get to work?

--

Organization Name:	Address	City	County	Zip Code:

Continuity of Operations Plan

What will you do if your facility loses utilities during a disaster?

Electrical Power	
Water	
Gas	
Telephone	

Disaster Kit [You can find suggestions for what to include in your disaster kit at www.georgiadisaster.info. Your disaster kit should also include supplies that you can't afford to be without if a disaster disrupts your normal supply lines.]

	Location	Who is responsible for Maintaining it?
Basic disaster kit		
Food		
Critical supplies for special needs individuals, including medications		
Critical records, including lists of emergency contacts for your individuals and staff and a copy of the Community Response Partners Worksheet		

Communication

How do you plan to communicate with the families of your individuals if telephone service is disrupted?

How do you plan to communicate with the families of your staff if telephone service is disrupted?

How do you plan to communicate with off duty staff if telephone service is disrupted?

How do you plan to communicate with public safety officials if telephone service is disrupted?

Organization Name:	Address	City	County	Zip Code:

Continuity of Operations Plan

Non-essential Services [List the things you normally do that may not be important enough to continue during an emergency. Describe how you will use the staff and other resources that normally assigned to these tasks to make sure that your essential services continue.]

Volunteers [Write where your volunteers come from and what they will do in a disaster below.]

Name of Community Partner Organization	Contact Name/Title	Phone Number	Pager	Volunteers' Assignment

Last Updated	Date:	Signature

Step 9

Continuity of Operations Plan for a Pandemic Worksheet

Organization Name:	Address	City	County	Zip Code:

Continuity of Operations Plan - Pandemic

Responsible Individuals	Name/Title	Phone Number	Cell Phone/ Pager	Notes
Individual responsible for activating and implementing the Continuity of Operations Plan				
Backup individual				

Essential Services

What special needs must you provide for your individuals during a pandemic that could last 8-12 weeks (e.g., meds)?

Individual's Name	Description of their critical needs	Plan for meeting their needs	Staff member responsible

Do you have a plan for infection control during a pandemic?	Yes	No
Do you have a plan for increasing social distance while delivering services to individuals during a pandemic?	Yes	No

What will you do if your community has disruptions in utilities during a pandemic?

Electrical Power	
Water	
Gas	
Telephone	
Internet	

What will you do if your staff can't get to work?

--

Organization Name:	Address	City	County	Zip Code:

Continuity of Operations Plan - Pandemic

Pandemic Kit [You can find suggestions for what to include in your disaster kit at www.georgiadisaster.info .]		
30 day supply	Location	Who is responsible for Maintaining it?
Basic pandemic kit		
Food		
Critical supplies for special needs individuals, including medications		
Critical records, including lists of emergency contacts for your individuals and staff and a copy of the Community Response Partners Worksheet		

Communication
How do you plan to communicate with the families of your individuals if telephone service is disrupted?
How do you plan to communicate with your staff if telephone service is disrupted?
How do you plan to communicate with public safety officials if telephone service is disrupted?

Non-essential Services [List the things you normally do that may not be important enough to continue during a pandemic. Describe how you will use the staff and other resources that normally assigned to these tasks to make sure that your essential services continue.]

Volunteers [Write where your volunteers come from and what they will do in a pandemic below.]				
Name of Community Partner Organization	Contact Name/Title	Phone Number	Pager	Volunteers' Assignment
Last Updated	Date:			Signature

Step 10

Individual Plan

Your agency needs to have a plan for the individuals living independently in the community. Work with each individual to develop a disaster plan using information on www.ready.ga.gov. Information on how individuals can create a disaster kit is also available on the Ready Georgia website.

Work with your individuals to create a disaster plan record with the following information:

Name of organization			
Individual			
Address			
Phone			
Evacuation Plans			
Date of planning session	Planning accomplished	Individual's Initials	Staff Initials

Background Information

INCIDENT COMMAND SYSTEM

The Incident Command System, or ICS, is a system used throughout the country for managing the response to emergencies. ICS creates a temporary organizational structure that can be as large or as small as is needed for the type and size of the event, and includes all of the responding organizations. It is used from the time an incident occurs until the requirement for management of emergency operations no longer exists.

You should be familiar with the Incident Command System. Online courses are available free of charge on the website of the Federal Emergency Management Agency (FEMA) www.fema.gov. If you are not already familiar with the Incident Command System, you may wish to take ICS 100, An Introduction to the Incident Command System.

EMERGENCY SHELTERS

During a disaster, the Red Cross is responsible for running the shelters that most people go to.

Some individuals can go to a regular shelter if it has a separate wing or room that provides privacy and has enough staff to help. Here are some examples of the types of conditions or needs that people might have, but still be able to go to a regular shelter:

- Communicable diseases like chicken pox or roseola;
- Undergoing chemotherapy or radiation;
- Drug controlled TB;
- Moderate Alzheimer's or dementia;
- Requiring assistance from family member/ caretaker in activities of daily living and have that person with them;
- Accompanied developmentally disabled children
- Portable O2 in use;
- Kidney dialysis patients.

SHELTER-IN-PLACE

You may be instructed to shelter in place if it is safer to stay indoors than to move to another location. This may occur if a chemical or other hazardous substance has been released into the air. Sheltering-in-place means going to a small, interior room, with no or few windows. It does not mean sealing off your entire facility. The Red Cross provides the following guidelines for sheltering in place:

- Close and lock all windows and exterior doors.
- If you are told there is danger of explosion, close the window shades, blinds, or curtains.
- Turn off all fans, heating and air conditioning systems.
- Close the fireplace damper.
- Get your [Ready Kit](#) and make sure the radio is working.
- Go to an interior room without windows that's above ground level. In the case of a chemical threat, an above-ground location is preferable because some chemicals are heavier than air, and may seep into basements even if the windows are closed.
- It is ideal to have a hard-wired telephone in the room you select. Call your emergency contact and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door and any vents into the room
- Keep listening to your radio or television until you are told all is safe or you are told to evacuate. Local officials may call for evacuation in specific areas at greatest risk in your community.

CONTINUITY OF OPERATIONS PLANNING (COOP)

The purpose of Continuity of Operations Planning is to ensure that you can continue to function even when emergency events directly affect your facilities, your staff, or your community.

Examples of the types of events that your COOP should cover include:

- a loss of electrical power for hours or days
- an accident or chemical spill that, while it doesn't affect your facility, blocks the transportation routes that your employees use to get to work
- a flood that results in the loss of your facility for weeks or months
- an infectious disease outbreak (such as a pandemic) that results in high levels of absenteeism among staff

PANDEMIC INFLUENZA

A pandemic is a worldwide outbreak of a disease. A flu pandemic occurs when a new flu virus “emerges” in humans, causes serious illness, and then spreads easily from person to person worldwide.

Pandemics are different from seasonal outbreaks or “epidemics” of the flu.

- € *Seasonal outbreaks* are caused by subtypes of flu viruses that already exist among people.
- € *Pandemic outbreaks* are caused by new subtypes or by subtypes that have never circulated among people, or that have not circulated among people for a long time.

Preparing for the Next Pandemic

Preparing for a pandemic involves doing things to reduce the number of people who get sick, take care of the people who do get sick, and minimize the effect on the functioning your community. Doctors and hospitals will struggle to take care of the large numbers of people who get sick. Because a lot of workers will get sick, it will be difficult to keep all of the necessary services in your community going. That is why an important part of the government’s plan for a pandemic is to take steps to keep people from getting sick in the first place.

Why Drugs Aren’t the Answer

A vaccine probably will not be available in the early stages of a pandemic.

Once a potential pandemic strain of flu virus is identified, it takes several months before a vaccine will be widely available. Vaccines were available for the 1957 and 1968 pandemic viruses, but arrived too late to do much good.

Antibiotics don’t work against viruses

There are two types of germs - bacteria and viruses. Antibiotics can only kill bacteria - they don't kill the viruses which cause colds and flu. But if a person is already ill with a cold or flu, they may also become ill with an infection caused by bacteria - when this happens a doctor may prescribe antibiotics to treat the bacterial infection.

Antiviral medications will be in short supply, and may not work if the virus becomes resistant.

Four different flu antiviral medications are approved by the U.S. Food and Drug Administration (FDA) for the treatment and/or prevention of flu. However, sometimes flu virus strains can become resistant to one or more of these drugs, and the drugs may not always work.

Because drugs will not be the answer, our most important weapons in a pandemic will be other steps that each community can take. The goal of these steps is to make sure that as few people as possible are exposed to the flu virus. This will give scientists time to develop a vaccine. These steps will include:

- Voluntary isolation of the sick - This is the only thing recommended for all pandemics. People who are sick with a contagious disease should always stay home and away from other people. But because of the lack of sick benefits or just a desire to “tough it out”, a lot of people go to work when they are sick. In a pandemic, we will have to create strong community-based pressure to stay at home when you are sick.
- Voluntary quarantine of exposed individuals - What this means is that all members of a household should stay home when *any* member of the household has the flu. People with the flu are contagious before they have symptoms. Family members of those who are sick could infect classmates or co-workers before they themselves get sick.
- Child social distancing, including school closures - Research shows that it is important that schools be closed *before* a lot of people in your community have the flu. **It will not help very much if the schools wait to close until a lot of children are absent from school.** In all but the mildest pandemic, schools will probably be closed for some period of time. If schools are not closed, they will focus on infection control in the schools.
- Adult social distancing - Adult social distancing means doing things like:
 - Canceling public gatherings, (for example, closing theatres or canceling sporting events),
 - Increasing the space between people by changing work schedules to reduce the number of people in a work space, and
 - Decreasing the number of times people are together (having teleconferences instead of face-to-face meetings, letting people work from home, praying at home or watching services on television instead of going to church.).