

Attachment 2: Pandemic Flu

1. **Introduction.** Continuity of operations planning for the North Carolina Department of Labor (NCDOL) requires preparing for the full range of threats facing the state and NCDOL employees and their families. The department has ample experience in planning and responding to significant events including chemical disasters, adverse weather and equipment failure. In the event of a pandemic, planning by NCDOL leaders will be critical to protecting employees' health and ensuring the continued delivery of essential services to the citizens of North Carolina.

An influenza pandemic has the capacity to affect individuals and disrupt society on multiple levels. Pandemic influenza preparedness is a public health priority and a shared responsibility of the North Carolina Department of Health and Human Services (DHHS), the North Carolina Department of Public Safety and other state agencies. The global nature of an influenza pandemic compels NCDOL to learn about, prepare for, and collaborate in efforts to slow, mitigate, and recover from a pandemic. Planning for pandemic influenza is critical. State agencies like NCDOL that provide critical services have a special responsibility to plan for continued operation in a crisis and this plan fulfills part of that requirement.

2. **Purpose.** The intent of this plan is to provide guidelines for NCDOL to prepare and respond to a pandemic influenza outbreak. The plan outlines preparedness actions to strengthen capabilities for an effective response to a pandemic influenza outbreak and to minimize the risk to NCDOL personnel. In the state, the DHHS, Division of Public Health (DPH) will coordinate the state's response to an influenza pandemic and NCDOL leadership will act to protect NCDOL personnel in accordance with DPH guidelines.

3. **What is pandemic flu?** Influenza, or flu, is a viral infection of the lungs. There are three types of flu virus; A, B and C. Each type includes different strains and new strains emerge periodically. Flu outbreaks occur most often in late fall and winter.

Pandemic flu by definition is a global outbreak of the disease that occurs when a new influenza virus appears in humans, causes serious illness and spreads easily from person to person worldwide.

4. **North Carolina Pandemic Flu Planning.** The North Carolina Pandemic Flu Plan has designated the Public Health Command Center (PHCC) to govern roles and responsibilities during a multi-agency, multi-jurisdictional response to a public health related event such as an influenza pandemic. In the event that the State Emergency Operations Center (SEOC) is activated, the PHCC will serve in a consulting capacity, with the SEOC leading the emergency response. Both the PHCC and SEOC utilize the National Incident Management System (NIMS) structure for operational processes.

5. **Disease and Pandemic Specific.** According to the Centers for Disease Control and Prevention (CDC), influenza causes seasonal epidemics resulting in an average of 36,000 deaths in the United States each year.

- a. Influenza viruses are grouped into three types, designated A, B, and C.

- i. Type A viruses are unique because they can infect both humans and animals and are usually associated with more severe illnesses and are the cause of global pandemic outbreaks

- ii. Type B viruses cause sporadic outbreaks of more respiratory disease, particularly among young children in school settings.
- iii. Type C viruses are common but usually cause no symptoms or only very mild respiratory illness. They are not considered a public health concern.
- iv. There are many different subtypes of influenza or “flu” viruses. The subtypes differ based upon certain proteins on the surface of the virus (the hemagglutinin or “HA” protein and the neuraminidase or the “NA” protein).

b. Pandemic influenzas are expected but unpredictable and arrive with very little warning. Historic evidence suggests that pandemics occurred three to four times per century. During the 20th century, the emergence of several new influenza A virus subtypes caused three pandemics, all of which spread around the world within a year of being detected.

- **1918-19, “Spanish flu,” [A (H1N1)],** caused the highest number of known influenza deaths. (However, the actual influenza virus subtype was not detected in the 1918-19 pandemic). More than 500,000 people died in the United States, and up to 50 million people may have died worldwide. Many people died within the first few days after infection, and others died of secondary complications. Nearly half of those who died were young, healthy adults. Influenza A (H1N1) viruses still circulate today after being introduced again into the human population in 1977.
- **1957-58, “Asian flu,” [A (H2N2)],** caused about 70,000 deaths in the United States. First identified in China in late February 1957, the Asian flu spread to the United States by June 1957.
- **1968-69, “Hong Kong flu,” [A (H3N2)],** caused about 34,000 deaths in the United States. The virus first detected in Hong Kong in early 1968 and spread to the United States later that year. Influenza A (H3N2) viruses still circulate today.
- **2009-2010, “Swine Flu,” [A (H1N1)],** By November 2009, 48 states had reported cases of H1N1, mostly in young people. 80 million people were vaccinated against H1N1, which minimized the impact of the illness. The CDC estimates that 43 million to 89 million people had H1N1 between April 2009 and April 2010. They estimate between 8,870 and 18,300 H1N1 related deaths

6. **Surveillance.** According to the North Carolina Pandemic Flu Plan, the DPH conducts routine influenza surveillance from the end of September through May of each year. The General Communicable Disease Control branch oversees most of the influenza surveillance activities. North Carolina participates in many of the activities of influenza surveillance outlined by the CDC. They include virologic surveillance by the North Carolina State Laboratory of Public Health (SLPH), surveillance of influenza-like illness (ILI) by sentinel providers, level of influenza activity in North Carolina as reported by the state epidemiologist, and the 122-cities pneumonia and influenza mortality system of which Charlotte, North Carolina is one of the reporting cities.

The Public Health Team (PHT) is responsible for public health issues including identifying and tracking an influenza pandemic and informing the medical community about preventive and protective measures. The PHT will advise the state health director to recommend State Emergency

Response Team (SERT) activation. It is likely that SERT activation would be recommended during a pandemic. During an influenza pandemic, the chief of the DHHS Office of Emergency Medical Services (OEMS) and the state health director, or their designees, will serve as lead technical advisors to the SERT.

7. **How will a pandemic impact NCDOL?** The threat of a contagious disease pandemic to NCDOL operations deserves careful consideration. No one knows exactly how widespread or severe an impact will come from the next pandemic. However, concerns for state agencies will be many. It will not be business as usual.

Unlike many threats that are localized, a pandemic has the potential to impact operations simultaneously across the state and throughout North America. It will affect employees and the availability of resources and services the department depends upon.

A pandemic influenza could severely disrupt operations for six to eight weeks. Some level of fear would spread through the population prior to the actual outbreak and the actual “sickness” period would range from a day to a week for most individuals.

The large number of sick and incapacitated people may include a significant segment of NCDOL personnel—possibly 25 to 30 percent. Limitations on public gathering and fear among healthy employees could limit the number of customers who may be able to access NCDOL facilities and services. Key supply and distribution networks could be significantly impacted. Close quarters and large gatherings (such as tight office spaces or large meetings) may encourage person-to-person spread of the disease. Sick children and family members may cause employees to miss work.

In addition, it has been observed that an influenza pandemic usually spreads in two or more waves, either in the same year or in successive influenza seasons. A second wave may occur within two to nine months of the initial outbreak wave and may cause more serious illnesses and deaths than the first. In any locality, the length of each wave of illness is likely to be six to eight weeks, depending on the virulence of the virus (higher virulence leads to a faster spread and sharper, shorter peaks of infection).

Mortality rates vary significantly from 0.5 percent to 2 percent worldwide. Even a low end mortality rate would cause severe disruption for employees who lose family members and friends. NCDOL leadership must recognize and address the anxiety levels employees will experience during a pandemic by providing empathy and support.

A Risk Analogy – Hurricane Katrina by Dr. Robyn Considine

The influenza risk can be understood by comparing pandemic modeling with Hurricane Katrina. Researchers knew that New Orleans was vulnerable to storm surge. Meteorological models based on many years of data generated a range of plausible scenarios that were able to propose a percentage-based chance per hundred years of water barrier failure. While no one could say when disaster would strike, you didn’t have to be a scientist to know that every time a large hurricane entered the Gulf of Mexico the risk of flooding rose in New Orleans. The more hurricanes that come along the greater the risk. We now have a record number of “flu hurricanes” circling the globe.

8. **Assumptions.**

- NCDOL will be operational during a pandemic influenza outbreak.
- Mission-essential functions and support requirements will continue to be people-dependent. These activities require human interactions to be carried out, however many interactions may not require face-to-face contact or can be conducted with precautionary measures.
- Travel restrictions, such as limitations on mass transit, implemented at federal, state, local and/or tribal levels will affect the ability of staff to get to work.
- Susceptibility to the pandemic influenza virus will be universal.
- Efficient and sustained person-to-person transmission signals an imminent pandemic.
- Among working adults, an average of 20 percent will become ill during a community outbreak. Some people will become infected but not develop clinically significant symptoms.
- 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 weeks of absenteeism during the weeks before and after the peak.
- 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.
- 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 seasonality of a pandemic cannot be predicted with certainty.

9. **North Carolina Department of Labor Actions.** The commissioner is responsible for the overall response to a crisis that affects NCDOL personnel and will determine the nature and scope of NCDOL actions in response to an influenza pandemic.

The commissioner in consultation with the chief of staff, division directors and assistant directors, will determine the severity of the pandemic and implement the COOP plan as warranted. The commissioner will notify division heads, who will notify each bureau chief and administrator. Bureau chiefs and administrators will notify their staff.

In response to a pandemic influenza the commissioner in consultation with staff and public health officials will implement the following measures in NCDOL:

a. **Chief of Staff.**

Pandemic Responsibilities.

- i. Recommend activation of COOP to the commissioner.

- ii. Consider closing affected NCDOL facilities to the public to prevent spreading the disease.
- iii. Immediately draft policy restricting NCDOL personnel from traveling to affected North Carolina areas.
- iv. Ensure resources are allocated to protect employees and customers during a pandemic: N-95 disposable masks, facial tissue, alcohol-based hand sanitizer and bleach based disinfectant wipes for hard surfaces.
- v. Encourage ill employees to stay home and keep in contact via e-mail or phone.
- vi. Encourage employees to go home if symptoms develop at work. Allow employees to work from home if work is available, can be done from home, and employee is well enough to work.
- vii. Require employees to see a physician in order to return to work. Consult with legal counsel prior to implementation.
 - CDC Recommendation: An employee who has had known exposure to pandemic flu must remain out of work for four days.
 - If employee remains asymptomatic for four days (or as per current CDC quarantine recommendations) then he/she may return to work.
- viii. Ensure division directors work with the Human Resources Division to draft a sick leave policy that will be implemented in times of pandemic.
- ix. The chief of staff will work with communications to send out the following guidelines or the latest CDC guidelines to avoid contracting influenza at work:
 - NCDOL employees are encouraged to frequently hand wash or use alcohol-based hand sanitizer.
 - Cover your nose and mouth with a tissue when coughing or sneezing.
 - Place used facial tissue into garbage immediately.
 - Discontinue use of community candy dishes.
 - Clean work stations and phones with disinfecting wipes daily.
 - Stay home from work when symptoms of illness first appear.
 - Avoid touching your eyes, nose or mouth.
 - Practice good health habits – get plenty of sleep, eat well, and exercise.
- x. The chief of staff will work with communications to send out the following guidelines or the latest CDC guidelines to help keep NCDOL employees from contracting influenza while traveling:
 - Avoid unnecessary travel where there are influenza outbreaks.

- NCDOL employees are encouraged to frequently hand wash or use alcohol-based and hand sanitizer.
- Cover your nose and mouth with a tissue when coughing or sneezing.
- Place used facial tissue into garbage immediately.
- Avoid traveling when ill.
- Avoid touching your eyes, nose or mouth.
- Practice good health habits – get plenty of sleep, eat well, and exercise.

xi. If an NCDOL employee lives or works in an area where an outbreak of avian flu has been reported take the following additional measures:

- Avoid all direct contact with live or dead poultry.
- Make sure all poultry products have been cooked thoroughly.
- Wash your hands and hard surfaces after preparing poultry.

b. Deputy Commissioners.

Pandemic Responsibilities.

- i. Encourage ill employees to stay home and keep in contact via e-mail or phone.
- ii. Encourage employees to go home if symptoms develop at work. Allow employees to work from home if work is available, can be done from home, and employee is well enough to work.
- iii. Require employees to see a physician in order to return to work.
 - CDC recommendation: An employee who has had known exposure to pandemic flu must remain out of work for four days.
 - If employee remains asymptomatic for four days (or as per current CDC quarantine recommendations) then he/she may return to work.
- iv. Work with the Human Resources Division to draft a sick leave policy that will be implemented in times of pandemic.
- v. CDC recommendation: Provide N-95 disposable masks at workstations for well employees concerned about disease and to protect the health of remaining NCDOL employees.
- vi. Contact the North Carolina Department of Health and Human Services, Division of Public Health at (919) 707-5000 and/or State Emergency Operations Center at toll free 1-800-858-0368 or (919) 733-3300 to identify an infectious disease specialist who can offer advice.
- vii. Immediately draft policy restricting NCDOL personnel from traveling to affected North Carolina areas.

- viii. Plan for mental health support. Coordinate with human resources to provide counseling services for employees during a pandemic influenza.
- ix. OSH deputy commissioner: Coordinate with OSHA for available resource sharing.

c. Bureau Chiefs and Administrators.

Pandemic Responsibilities.

- i. Encourage ill employees to stay home and keep in contact via e-mail or phone.
- ii. Proactive measure: Educate employees by posting signs throughout department (i.e., work areas and break rooms) alerting personnel to proper cough etiquette/respiratory hygiene and precautions to take to stop the spread of the virus.
- iii. Encourage employees to go home if symptoms develop at work. Allow employees to work from home if work is available, can be done from home, and employee is well enough to work.
- iv. Prepare to provide supplementary staffing to sections consistent with mission requirements and COOP plan.
- v. Plan for mental health support. Work with human resources to provide counseling services for employees during a pandemic influenza.

d. Supervisors.

Pandemic Responsibilities.

- i. Encourage ill employees to stay home and keep in contact via e-mail or phone.
- ii. Supply each workstation and public area with facial tissue, alcohol-based hand sanitizer and bleach based disinfectant wipes for hard surfaces.
- iii. Ensure that plenty of waste receptacles are available throughout the workplace.
- iv. Encourage employees to go home if symptoms develop at work. Allow employees to work from home if work is available, can be done from home, and employee is well enough to work.
- v. For employees that must travel, assemble a travel health kit containing basic first aid and medical supplies. Be sure to include alcohol-based hand gel for hand hygiene.
- vi. Discontinue use of community candy dishes.

- vii. Maintain lists of employees who are isolated, quarantined and/or homebound due to pandemic influenza and provide list to human resources.

- e. Communications.

Pandemic Responsibilities.

- i. Review this plan and draft a memorandum for the commissioner that can be used to introduce the NCDOL infection control plan.

Example: “With the threat of a pandemic flu outbreak upon us we would like to take a proactive approach to keeping NCDOL employees healthy. Later this week we are going to provide facial tissue, alcohol-based hand sanitizer and antibacterial wipes to each workstation and office in NCDOL facilities. Please leave these items at each work station and do not take them with you. Remember to dispose of tissue immediately after use and use hand sanitizer liberally. The antibacterial wipes are provided to disinfect keyboards, phones and workstations.

Please wipe down your workstation and all of its components daily both at the beginning and end of your shift.”

- ii. Initiate media contacts in conjunction with the governor’s office to announce facts surrounding current situation and where NCDOL employees are to report for treatment.
- iii. Manage media requests for information related to pandemic influenza and NCDOL operations.
- iv. Develop and disseminate materials covering pandemic fundamentals (e.g., signs and symptoms of influenza, modes of transmission, personal and family protection).
- v. Provide information for the at home care of ill employees and family members. Information can be obtained from the Centers for Disease Control and Prevention at <http://www.cdc.gov/flu/business/index.htm> or <http://www.pandemicflu.gov/>. And the North Carolina Department of Health and Human Services, Division of Public Health at <http://publichealth.nc.gov/>, phone: 919-707-5000.
- vi. Prepare fact sheets related to vaccination clinics. Identify state, county and community sources for timely and accurate pandemic information and email to all personnel and post on NCDOL website.

- f. Human Resources.

Pandemic Responsibilities.

- i. Use the most current revision of the North Carolina Office of State Personnel Communicable Disease Emergency policy for reference when advising the commissioner and chief of staff.
- ii. Develop a sick leave policy that will be implemented in times of pandemic.

- iii. Establish policies for employee compensation unique to a pandemic.
- iv. Encourage teleconference or web-based meetings among employees and between employees and customers.
- v. Plan for mental health support. Assist and provide counseling services for employees during a pandemic influenza.
- vi. Analyze absentee rates.
- vii. Maintain master lists of employees who are isolated, quarantined and/or homebound due to pandemic influenza. Brief the commissioner on their status. Essential services may be needed such as water, food, medical care, and financial support.

g. Homeland Security/Emergency Response Coordinator.

Pandemic Responsibilities.

- i. Coordinate with other state agencies and partners on pandemic influenza planning and preparedness (i.e., North Carolina Department of Public Safety, North Carolina Department of Health and Human Services).
- ii. Respond to State Emergency Operations Center (SEOC) upon activation of the State Emergency Response Team.
- iii. Keep chief of staff and deputy commissioners informed of on-going infection control measures to include mandatory quarantine.
- iv. Monitor SEOC and CDC bulletins and alerts about influenza related alerts associated with new virus strains.

10. **Infection Control Measures.** Common flu spreads by coughing, sneezing or speaking, spreading the virus from infected persons. These viruses enter the nose, throat or lungs of an uninfected person, begin to multiply, and cause infection and flu symptoms. The viruses can also be spread when the person touches a surface with influenza viruses on it (for example, a door handle) and then touches his or her nose, eyes or mouth. People who are sick with influenza are contagious, which means they can spread viruses. Adults may spread the infection from 1 day before developing symptoms to up to 7 days after getting sick. Children can spread the infection for even longer than 7 days after getting sick.

NCDOL seeks to ensure a healthy work environment by educating employees on cough etiquette and respiratory hygiene; providing infection control supplies; and encouraging ill employees to stay home and seek medical care.

- a. **Cough Etiquette and Respiratory Hygiene.** Respiratory virus infections, such as influenza and the common cold, are spread through the air (called droplet transmission), and by contact with contaminated surfaces. Whenever an infected person coughs, sneezes or talks, the individual

releases small droplets containing the virus. The droplets pass through the air and may contact other people's eyes, nose or mouth leading to infection.

Because the droplets are heavier than air, they settle on surfaces. A person can easily contact the virus from these surface drops and then touch their eyes, nose or mouth and become infected. Virus transmission can be prevented or minimized by respiratory hygiene and cough etiquette. These simple methods can protect NCDOL employees and their family from infection:

- Cover the mouth or nose while coughing or sneezing.
- Promptly dispose of the used tissues.
- Wash hand frequently with warm soapy water or use of an alcohol-based hand sanitizer.

b. Vaccination and Preventive Methods. The single best way to protect against the flu is to get vaccinated each year by a certified medical professional. Even so, these precautions should be followed to help prevent the spread of the flu:

- Avoid close contact with people who are sick. When you are sick, keep your distance to keep others from getting sick too.
- If possible, stay home from work, school or avoid errands when you are sick. This will keep others from catching your illness.
- Cover your mouth and nose with a tissue when coughing or sneezing
- Wash your hands often to protect yourself.
- Avoid touching your eyes, nose or mouth. Germs are spread when a person contacts a contaminated object or surface and then touches his or her eyes, nose or mouth.

c. Social Distancing. Social distancing reduces the spread of the virus between people; For example, postponing conferences, conducting meetings over the phone or working from home.

Education on social distancing should be distributed to all NCDOL employees. Social distancing strategies may include:

- When one shift goes off duty, there should be an interval before the next shift begins so that the work area can be thoroughly ventilated and cleaned (either opening all doors and windows or turning up air conditioning/heating systems).
- Avoid meeting people face to face – use the telephone, video conferencing and the Internet to conduct business as much as possible even when participants are in the same building.
- Avoid any unnecessary travel and cancel or postpone non-essential meetings, gatherings, workshops and training sessions.

- If possible, arrange for employees to work from home or work flex hours to avoid crowding at the workplace.
- If public transportation is used, ensure good ventilation within the vehicle, wash hands often and ensure that everyone covers coughs and sneezes.
- Bring lunch and eat at desk or away from others (avoid crowded eating areas).
- Introduce staggered lunchtimes to reduce the numbers of people in the break room.
- Minimize face-to-face interactions.
- Telephones should not be shared.
- If face-to-face meetings are unavoidable, minimize the meeting time. Choose a large, well ventilated meeting room and do not sit close to each other if possible; avoid shaking hands or hugging.
- Set up systems where customers can pre-order/request information via phone, mail, fax and have order or information ready for pick-up or delivery.
- Encourage employees to practice social distancing outside of the workplace.

d. **Workplace Cleaning.** Office cleaning of shared work areas, counters, railings, door knobs and stairwells should be performed more frequently during the influenza pandemic. Additionally, filters of the air conditioning systems should be cleaned and changed frequently.

11. **Terminate Pandemic Response.**

The decision to terminate the response portion of this plan and begin recovery operations will also be made by the commissioner. The criteria for termination may include:

- The pandemic is contained, and effective control measures are in place;
- Mass vaccination or chemoprophylaxis is complete, and mass dispensing clinics are closed; and
- The imminent public health threat has diminished, and/or the outbreak did not materialize.

Teleworkers will be notified by respective supervisors that the pandemic no longer exists and will be provided instructions for the resumption of normal operations.

Pandemic Influenza Checklist

Tasks	Not Started	In Progress	Completed ✓
1. Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning.			
2. Identify essential employees required to maintain mission-essential functions during a pandemic.			
3. Find up-to-date, reliable pandemic information from public health, emergency management, and other sources and disseminate to employees.			
4. Allow for employee absences during a pandemic due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures, and public transportation closures.			
5. Implement guidelines to modify the frequency and type of face-to-face contact (e.g., hand-shaking, seating in meetings, office layout, shared workstations) among NCDOL employees and between NCDOL employees and customers (refer to CDC recommendations).			
6. Have supervisors identify employees with special needs, and incorporate the requirements of such persons into their protective measures.			
7. Establish policies for employee compensation and sick-leave absences unique to a pandemic (e.g., non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness.			
8. Establish policies for flexible worksite (e.g., telecommuting) and flexible work hours (e.g., staggered shifts).			
9. Establish policies for preventing influenza spread at the worksite (e.g., promoting respiratory hygiene/ cough etiquette, and prompt exclusion of people with influenza symptoms).			
10. Establish policies for employees who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the worksite (e.g., infection control response, immediate mandatory sick leave).			

Tasks	Not Started	In Progress	Completed	✓
11. Establish policies for restricting travel to affected geographic areas (consider both domestic and international sites), evacuating employees working in or near an affected area when an outbreak begins, and guidance for employees returning from affected areas (refer to CDC travel recommendations).				
12. Provide sufficient and accessible infection control supplies (e.g., hand-hygiene products, tissues and receptacles for their disposal) in all workstations.				
13. Enhance communications and information technology infrastructures as needed to support employee telecommuting.				
14. Develop and disseminate programs and materials covering pandemic fundamentals (e.g., signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (e.g., hand hygiene, coughing/sneezing etiquette, contingency plans).				
15. Anticipate employee fear and anxiety, rumors and misinformation and plan communications accordingly.				
16. Identify community sources for timely and accurate pandemic information (domestic and international) and resources for obtaining countermeasures (e.g., vaccines and antivirals).				
17. Evaluate employee access to and availability of mental health and social services during a pandemic, including community, and faith-based resources				
18. Develop platforms (e.g., hotlines, dedicated websites) for communicating pandemic status and actions to NCDOL employees, vendors, suppliers, and customers in a consistent and timely way.				