City of Seattle
Pandemic Influenza
Incident Annex

A Preparedness and Response Plan for an Influenza Pandemic

Record of Changes to this Plan[1]

Version Number	Date	Affected Section	Summary of Changes
1.00	01/13/07	All	Pre-production draft
2.00	06/18/07	All	Production ready copy of Annex. All materials included except Appendix I: Pan Flu Personnel Policies and Guidelines.

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1 For successive versions of this Annex, increments to the left of the decimal point in the version number indicate major changes in content or organization while increments to the right of the decimal point indicate less significant modifications.

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Acknowledgments

This Annex has been developed through the collaborative efforts of the Office of Emergency Management, its Disaster Management Committee members, and other City agencies. Without their commitment and active participation, the completion of this plan would not have been possible.

A best practices review of the efforts of other governmental agencies was conducted to help provide input to the plan development process. While inspiration and content came from many sources; the work of King County, Washington; Fairfax County, Virginia; the cities of San Francisco, California; Toronto, Ontario; the U.S. Department of Health and Human Services (including the Centers for Disease Control and Prevention); the U.S. Department of Homeland Security (Lessons Learned Information Sharing Web site and other sources); and the World Health Organization (WHO); were leveraged where possible to stimulate and accelerate development efforts.

I.   ABOUT THIS DOCUMENT

The purpose of the City of Seattle Pandemic Influenza Incident Annex, or "Annex," is to define the non-medical issues and challenges associated with an influenza pandemic and to provide a planning guide so that the City of Seattle can continue to provide essential services in the event of an influenza pandemic[2]. This Annex supplements the Seattle Disaster Readiness and Response Plan (SDRRP), Basic Plan, and Emergency Support Functions already in effect.

Although the threat of an influenza pandemic is the primary catalyst for development of this Annex, the City of Seattle may undertake some or all of the measures outlined herein to provide an effective response to any contagious pathogen that achieves pandemic proportions.

The goal of this Annex is to minimize the loss of life, economic and societal disruption, and impact on the provision of essential City services in the event of an influenza pandemic or any contagious biological event.

The Annex begins with background on pandemic influenza and the potential impact an influenza outbreak of pandemic proportions could have on the City of Seattle. It goes on to describe how the City of Seattle began its process of planning for such an eventuality and the activities it defined as central to its preparations. Next, the Annex specifies the authorities various state and local officials have with respect to protecting public health and safety. This information is critical to understanding how an influenza pandemic emergency is declared and who has responsibility for activating various emergency plans. Finally, the Annex describes the specific plans of the City, including goals and assumptions, concept of operations, and organization in terms of assignment of responsibilities. The essential services that must be maintained are identified, along with logistical planning, financial management, and reporting requirements that shall be activated in the event of an influenza pandemic. Specific guidance for implementing the Annex is also included.

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[2] The terms "influenza pandemic" and "pandemic influenza" are often used interchangeably. Technically, however, influenza pandemic refers to the increased and sustained transmission of the virus among humans, while "pandemic influenza" or "pan flu" refers to the virus itself. This document adheres to the technical definition of these terms.

II.   BACKGROUND

Local emergency preparedness plans at the City of Seattle have traditionally focused on response to natural disasters such as earthquakes. Yet historically, the most significant threat to the world's populations has not been natural disasters, nor war, but disease.

Pandemic influenza is at this time the most significant disease threat we face. Unlike Severe Acute Respiratory Syndrome, or SARS, which first struck between November 2002 and July 2003, where transmission was primarily confined to hospitals and close household contacts, pan flu will spread quickly through a community and across the world. This acute viral illness has an incubation period of one to three days with a period of communicability of up to 24 hours prior to the onset of symptoms to seven days after symptoms develop.

Highly Pathogenic Avian Influenza type A of subtype H5N1 (commonly known as bird flu) is the strain of influenza virus of greatest concern today. While not easily transmitted to humans at this time, the disease has demonstrated that it can be fatal to those who contract it with mortality at approximately 60 percent. There is no vaccine currently available for this strain of influenza virus. (For a more complete description of avian influenza, see **Appendix A: Influenza History and Epidemiology**.)

Because influenza pandemics are recurring events, it is not a question of whether there will be another pandemic; it is only a question of when the next one will occur and how severe it will be. The last two influenza pandemics were comparatively mild, but the pandemic of 1918 killed 40,000,000 people worldwide, including more than 500,000 in the United States.

In many respects, we are more vulnerable to an influenza pandemic today than we were in 1918. We travel internationally more and we come in contact with far more people on a daily basis than people in 1918 did. In addition, our population includes more elderly and immune-compromised people (HIV/AIDS, chemotherapy patients, etc.) than it did in the past. Our ability to respond effectively to a pandemic is also compromised. There is very little surge capacity in our health care system today; "just-in-time" ordering of needed supplies has replaced warehousing critical items onsite for most businesses and governmental organizations; and, unlike citizens in 1918, we are not accustomed to following government restrictions, including the rationing of goods and services.

Potential Impact of a Pandemic on the City

An influenza pandemic today could have far-reaching negative consequences for the health and well-being of Seattle residents and for the economic and social stability of the Puget Sound region.

For example, pandemic influenza has the potential to infect 30 percent or more of the population, with an average of 20 percent of the workforce unable to work for an extended period of time. In an affected community, a pandemic outbreak could last from six to eight weeks.

Multiple waves (periods during which community outbreaks occur across the country) of illness might also occur, with each wave lasting two to three months. Historically, the largest

waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty[3].

Increased absenteeism among all workers and a requirement to implement social distancing to help delay the spread of a pandemic could place a severe strain on all City services, particularly public safety and health-based services[4]. Alternative methods of operations may be required.

Effective planning and preparation, however, can minimize the negative impacts of an influenza pandemic, according to the U.S. Centers for Disease Control and Prevention. **Figure 1** illustrates how planning can delay disease transmission and diminish overall health impacts.
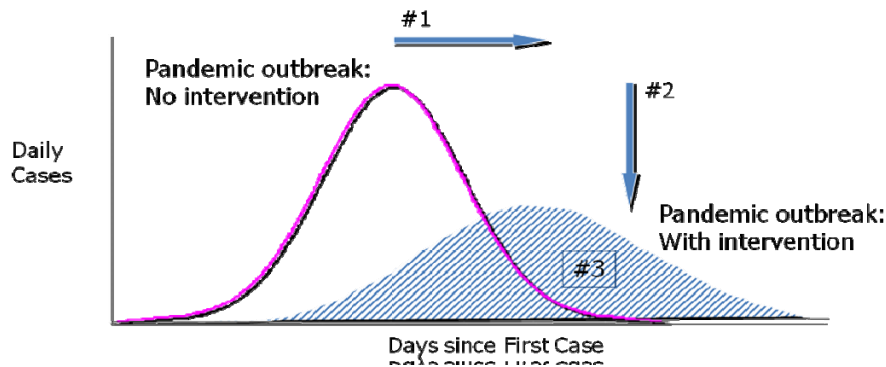
Figure 1: Preparation Reduces Impact of Pandemic

City Preparations

The City of Seattle has a responsibility to maintain critical governmental services to the public during an influenza pandemic. The Office of Emergency Management (OEM) has led the City of Seattle's pandemic flu preparation and planning efforts since 2005 and has directed the preparation of this Annex, which provides the primary framework for incident planning, response, and recovery in support of maintaining the City's essential services.

In the fall of 2005, Disaster Management Committee (DMC) members were asked to begin work on continuity of operations (COOP) plans for their individual departments. By the third quarter of 2006, most major departments had developed a COOP mini-plan or outline and

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[3] http://www.pandemicflu.gov/plan/pandplan.html
[4] Social distancing refers to a wide variety of strategies intended to produce physical separation between individuals to three or more feet, the distance at which there is a significant decrease in frequency of transmission. It can include measures such as telecommuting, closing schools, canceling mass gatherings, and otherwise decreasing close physical contact between people.

named specific positions/employees for lines of succession. Some departments that provide essential services, such as Police, Fire, and City Light, had developed more detailed COOP plans. In the 2007 Adopted Budget, $450,000 was set aside for pandemic flu planning and resource purchases. Up to $200,000 of these monies were allotted for planning and the remainder for the purchase of equipment and supplies, such as personal protective equipment (PPE) for first responders.

In the spring and summer of 2007, OEM concluded its pandemic flu preparation work. The following critical activities, all of which are addressed in this Annex or in the more comprehensive COOP plans of each department, were completed in this second phase of work:

- Define the essential services that must be maintained during an influenza pandemic.

- Identify employee positions that must be staffed and functions that must be maintained during an influenza pandemic.

- Identify a line of succession for all City departments and agencies, with particular emphasis on those departments and agencies that perform essential services.

- Develop a plan and process for both internal and external communication so that everyone will know what they can and cannot expect of Seattle City government during an influenza pandemic.

- Develop draft communications, vetted in advance of a pandemic so that they only require minor technical updates from subject matter experts prior to release.

- Define personnel policies before a pandemic emergency is declared so that the City and its employees will share a clear understanding of expectations and procedures.

- Develop procedures that limit the spread of illness within the work environment.

- Provide appropriate support mechanisms and information for employees regarding self-care and care of family members.

- Work to ensure there is minimal economic loss to businesses and minimal social disruption to the community.

- Ensure that the City's Pandemic Flu Plan is internally consistent and coordinated with King County, the State of Washington, and the federal government where appropriate.

By undertaking these activities now, the City of Seattle is acting responsibly to help minimize the impact of an influenza pandemic on City residents and to mitigate some of the potentially long-lasting social and economic consequences of such an emergency.

III. AUTHORITIES

Developing an influenza pandemic plan at the City level is complicated by the fact that various Washington state and local public officials have overlapping authorities with regard to protecting public health and safety. The Mayor of Seattle, Governor, State Board of Health, State Secretary of Health, King County Executive, local Board of Health, and the Local Health Officer each can issue directives aimed at protecting public health, including increasing social distancing by closing public or private facilities as required to control the spread of the disease.

Following is a description of the relevant authorities of the officials who have a role in protecting public health and safety:

a. **Governor of Washington State:** The Governor has authority to proclaim a state of emergency after finding that a disaster affects life, health, property, or the public peace. RCW 43.06.010(12). The Governor may assume direct operational control over all or part of local emergency management functions if the disaster is beyond local control. RCW 38.52.050. After proclaiming a state of emergency, the Governor has the authority to restrict public assembly, order periods of curfew, and prohibit activities that he or she believes should be prohibited in order to maintain life and health. RCW 43.06.220.

b. **State Board of Health:** The State Board of Health has authority to adopt rules to protect the public health, including rules for the imposition and use of isolation and quarantine and for the prevention and control of infectious diseases. RCW 43.20.050(2). Local boards of health, health officials, law enforcement officials, and all other officers of the State or any county, city, or town shall enforce all rules that are adopted by the State Board of Health. RCW 43.20.050(4).

c. **The State Secretary of Health:** The Secretary of Health shall enforce all laws for the protection of the public health, and all rules, regulations, and orders of the State Board of Health. RCW 43.70.130(3). The Secretary also shall investigate outbreaks and epidemics of disease and advise Local Health Officers about measures to prevent and control outbreaks. RCW 43.70.130(5). The Secretary shall enforce public health laws, rules, regulations, and orders in local matters when there is an emergency and the local board of health has failed to act with sufficient promptness or efficiency, or is unable to act for reasons beyond its control. RCW 43.70.130(4). The Secretary has the same authority as local health officers but will not exercise that authority unless: (a) the Local Health Officer fails or is unable to do so; (b) by agreement with the Local Health Officer or local board of health; or (c) when in an emergency the safety of the public health demands it. RCW 43.70.130(7).

d. **King County Executive:** The King County Executive may proclaim a state of emergency within the County when, in the judgment of the Executive, extraordinary measures are necessary to protect public peace, safety and welfare. K.C.C. 12.52.030.A. Under a state of emergency, the Executive may impose curfews, close any or all private businesses, close any or all public buildings and places including streets, alleys, schools, parks, beaches and amusement areas, and proclaim any such orders as are imminently necessary for the protection of life and property. K.C.C. 12.52.030.B.

e. **King County Board of Health:** The jurisdiction of local Board of Health is coextensive with the boundaries of the county. RCW 70.05.035. The local Board of Health shall supervise all matters pertaining to the preservation of the life and health of the people within its jurisdiction. RCW 70.05.060. The Board shall enforce through the Local Health Officer the public health statutes of the state and the rules promulgated by the State Board of Health and the Secretary of Health. RCW 70.05.060(1). The Board may also enact such local rules and regulations as are necessary to preserve and promote the public health and to provide the enforcement of those rules and regulations. RCW 70.05.060(3).

f. **Mayor of Seattle:** The Mayor of Seattle may proclaim a state of civil emergency within the City when, in the judgment of the Mayor, extraordinary measures are necessary to protect public peace, safety and welfare. SMC 10.02.010.A. Under a state of civil emergency, the Mayor may impose curfews, close any or all business establishments, close any or all public buildings and places including streets, alleys, schools, parks, beaches and amusement areas, direct the use of all public and private health, medical and convalescent facilities and equipment to provide emergency health and medical care for injured persons, and proclaim any such orders as are imminently necessary for the protection of life and property. SMC 10.02.020.

g. **Local Health Officer:** The Local Health Officer acts under the direction of the local Board of Health. RCW 70.05.070. The Local Health Officer enforces the public health statutes, rules and regulations of the state and the local Board of Health. RCW 70.05.070(1). The Local Health Officer has the authority to control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction. RCW 70.05.070(3).

   i) The Local Health Officer shall, when necessary, conduct investigations and institute disease control measures, including medical examination, testing, counseling, treatment, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities. WAC 246-100-036(3). The Local Health Officer may initiate involuntary detention for isolation and quarantine of individuals or groups pursuant to provisions of state regulations. WAC 246-100-040 through -070.

   ii) The Local Health Officer has the authority to carry out steps needed to verify a diagnosis reported by a health care provider, and to require any person suspected of having a reportable disease or condition to submit to examinations to determine the presence of the disease. The Local Health Officer may also investigate any suspected case of a reportable disease or other condition if necessary, and require notification of additional conditions of public health importance occurring within the jurisdiction. WAC 246-101-505(11).

   iii) The Local Health Officer shall establish, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and other entities deemed necessary, plans, policies, and procedures for instituting emergency measures to prevent the spread of communicable disease. WAC 246-100-036(1).

iv) The Local Health Officer may take all necessary actions to protect the public health in the event of a contagious disease occurring in a school or day care center. Those actions may include, but are not limited to, closing the affected school, closing other schools, ordering cessation of certain activities, and excluding persons who are infected with the disease. WAC 246-110-020(1). Prior to taking action, the Local Health Officer shall consult with the State Secretary of Health, the superintendent of the school district or the chief administrator of the day care center, and provide them and their board of directors a written decision directing them to take action. WAC 246-110-020 (2).

v) The Local Health Officer's powers are not contingent on a proclamation of emergency by the county Executive or an executive head of a city or town.

Because these authorities sometimes overlap, there must be close communication and coordination between elected leaders and the Local Health Officer to ensure decisions and response actions are clear and consistent. **Appendix B: Pandemic Influenza Emergency Communications Strategy** clarifies the various thresholds for release of public information and internal guidance around an influenza pandemic. Other sections of this Annex specify as appropriate when City officials must act in coordination with State and local officials to activate or execute on any part of this plan.

IV. PLAN OVERVIEW

The City of Seattle has employed a two-pronged approach to its influenza pandemic planning effort. Public Health - Seattle & King County (PHSKC) has identified the specific activities that must be undertaken by the Health Department and the public health community at a countywide level to prepare for and respond to the medical aspects of a pandemic. The details of that interagency plan are specified in the document titled "Pandemic Influenza Response Plan – Public Heath Seattle & King County." A copy of the current version of that planning document is available at
http://www.metrokc.gov/health/pandemicflu/plan/panflu-response-plan.pdf.

OEM, through this planning process, has identified the specific activities that must be undertaken by City departments and agencies to maintain essential services during a pandemic and to address the non-medical aspects of the pandemic emergency from preparation through to recovery.

Departmental COOP plans address business continuity, and include lines of succession for key management and leadership positions, resource management and requirements for emergency response, equipment needs, and training. Plan information included in this Annex is based on these COOP plans, which are included in Volume II of this Annex.

A. Plan Activation and Goals

A worldwide influenza pandemic is different from other natural disasters in that it develops over time and over a potentially distant geographic area, and the disease development pattern is tracked by international, national, state, and local health authorities. For this reason, the City of Seattle will not on its own designate a pandemic emergency. Rather, the United States Department of Health and Human Services shall use the Pandemic Alert Levels identified by the World Health Organization (WHO) to determine the extent of disease spread throughout the country. When appropriate, PHSKC shall announce a public health emergency for influenza based on the designated criteria within its Pandemic Influenza Response Plan. At this point, the Mayor of the City of Seattle, working with OEM, shall proclaim an emergency, activate the City's Emergency Operations Center and department operations centers if necessary, and begin implementation of the Response and eventually Recovery components of this Annex.

The Pandemic Alert Levels that serve as a catalyst for this process are specified in WHO's global influenza preparedness plan. The WHO plan defines six phases of increasing public health risk associated with the emergence and spread of a new influenza virus subtype. It also specifies for each phase the response measures WHO will take and the recommended actions that countries around the world should take. The Director General of WHO formally declares the current global pandemic phase and adjusts the phase level to correspond with pandemic conditions around the world.[5]

The City of Seattle has strategically correlated its planning goals and response activities with the six phases identified in WHO's global influenza preparedness plan. **Table 1** provides a

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[5] At the time of the drafting of this Annex, the world was between Phase 3 and Phase 4: a new influenza virus subtype is causing disease in humans in Asia, but not yet spreading efficiently and sustainably among humans.

summary of those six phases, along with the public health goals and City of Seattle goals that correspond to each phase.

Table 1: Phases of a Pandemic

Pandemic Phases	Public Health Goals	City Response
Inter-Pandemic Period **Phase 1** – No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered low.	Strengthen pandemic influenza preparedness at all levels. Closely monitor human and animal surveillance data.	During Pandemic Phases 1, 2, and 3, when Seattle is not directly affected, the City's OEM and departments shall maintain normal operations.
Phase 2 – No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses substantial risk of human disease.	Minimize the risk of transmission of animal influenza virus to humans; detect and report such transmission if it occurs.	
Pandemic Alert Period **Phase 3** – Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.	Seattle OEM with regional partners shall assess, evaluate and update their plans as needed.
Phase 4 – Small cluster(s) of human infection with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.	Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.	Assess whether to activate the sections of the Pandemic Influenza Plan. Seattle EOC shall activate to the "Emergency Management Increased Readiness" level.
Phase 5 – Larger cluster(s) of human infection but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	Maximize efforts to contain or delay spread to possibly avert a pandemic, and to gain time to implement response measures.	Based on guidance from the Local Health Officer, the City shall activate COOP plans for departments maintaining essential City services. Seattle EOC shall activate to the "Inter-Department Coordination & Increased Readiness" level.

Pandemic Phases	Public Health Goals	City Response
Pandemic Period **Phase 6** – Pandemic is declared. Increased and sustained transmission in the general population.	Implement response measures, including social distancing to minimize pandemic impacts.	The City's Office of Emergency Management, directed by the Mayor, shall activate all parts of the Pandemic Influenza Annex. Seattle EOC shall activate to the "EOC Major Activation" level.

B. Plan Assumptions

This Annex is built on the following assumptions:

- An influenza pandemic demands a different set of continuity assumptions from previous emergency planning because it will be widely dispersed geographically, is likely to spread fairly quickly, and typically occurs in two to three waves. Such pandemic waves could last from six to 12 weeks at a time over a three month to 18 month period. The second wave may occur several months after the first and the level of illness is often more severe than in the first wave.

- Because an influenza pandemic is likely to be a global event, mutual aid and federal assistance should not be assumed when a pandemic occurs.

- The Mayor of Seattle, in consultation with PHSKC and the King County Executive, shall proclaim a state of emergency when warranted based on the latest guidance from the World Health Organization, the U.S. government, and Washington State health officials.

- During an influenza pandemic, up to 40 percent of the work force could be absent for an extended period of time (weeks or months depending on family circumstances).

- Through its COOP planning process, the City of Seattle will develop an enterprise level prioritized list of essential services.

- Social distancing, frequent hand washing, work surface cleaning, and additional public education will be the primary actions taken by the City within the government and recommended to all residents of Seattle to help slow the spread of pandemic influenza.

- The City of Seattle will implement alternative work arrangements (e.g. telecommuting) to ensure that strategies to keep the influenza from spreading among employees are successful.

- City systems such as telephones, InWeb, e-mail, Summit, and other applications that support essential City services will remain functional during the pandemic emergency.

- Many City buildings may have to be closed during parts of the pandemic.

- As supply chains are affected, the City will likely have to ration or reallocate its limited resources of fuel, other supplies, and materials to ensure that essential services are sustained.

- The impact of widespread illness and the social distancing imposed to mitigate it may have a severe impact on the City's revenues as businesses curtail their hours or close and construction activity declines.

- Vaccines and anti-viral drugs will be in extremely limited supply and provided on a public health specifically defined basis, with first responders in the high priority group.

- Low income, immigrant, the elderly, and medically fragile populations will be impacted especially hard by the disease itself and by the disruption of the social services on which these groups depend.

- Long-term recovery from a severe pandemic will likely span many months or years. The psychosocial and economic consequences may also be long lasting.

The health planning assumptions included this Annex are based on the most current information available from international, federal, State, and local health agencies at the time of publication. The operational planning assumptions are taken from written material developed by individual departments and agencies, as well as from discussions with the City's Disaster Management Committee.

V. CONCEPT OF OPERATIONS

The Seattle Disaster Readiness and Response Plan, Basic Plan, provides the essential framework for the City's concept of operations for a general emergency and is applicable in the event of an influenza pandemic. The City of Seattle Emergency Operations Center (EOC) will be the focal point of the City's non-medical response and recovery to a flu pandemic emergency. When activated for a pandemic, the Seattle EOC shall include selected representatives of Seattle departments (those providing essential City services and those aiding logistical support), and selected infrastructure owners and private sector representatives.

Activation of the Seattle EOC for an influenza pandemic requires the use of non-traditional procedures in comparison with other disasters. Per the direction of PHSKC, personal protective measures shall be implemented, including social distancing, the use of telecommuting, and enhanced communications systems (video teleconferencing, computer, fax, conference calls, etc.) to reduce the risk of infection to Seattle EOC representatives and staff.

Prior to and during a pandemic, the Seattle EOC shall be responsible for supporting response with selected logistics, assistance in public information and education, and the acquisition of information on the status of essential City services, critical infrastructure, and selected businesses. Normal reporting systems (Situation Reports and WebEOC) shall be used, and a specific influenza pandemic operational status report shall allow agencies to report their operational status based on the impacts of the pandemic. Agencies may also be required to report the number of employees absent on a daily basis to assist in reallocation of resources to support essential services.

The sections that follow describe the organizational structure that will be activated in the event of an influenza pandemic, including who has authority to direct and control implementation of this plan, how City of Seattle processes will be organized during the pandemic, and how responsibilities for critical activities will be allocated between the City agencies and PHSKC.

A. Direction and Control

As indicated in Volume I, Seattle Disaster Readiness and Response Plan, Basic Plan, the City of Seattle and all response partners will operate under the Incident Command System (ICS) for the response to any emergency, including a pandemic. PHSKC will provide unified command for the medical response community. The Seattle EOC will provide incident command for the City's non-medical aspects of its response to a pandemic.

Ultimate authority of the City and the EOC is vested with the Mayor. In a pandemic, this includes determining the most appropriate way to implement guidance on social distancing and directives issued by the Local Health Officer (See **Appendix C: Public Health Emergency Protocol Agreement**.) Available to support the Mayor as Command Staff are the Deputy Mayor, Chief of Departmental Operations, and the Mayor's Communications Director. The Law Department Legal Advisor supports both the Mayor and EOC Director by providing legal counsel and by reviewing all legal documents before they are presented to the Mayor.

B. Organization

The organization of the City of Seattle's government processes during an emergency is based on an ICS that incorporates the National Incident Management System (NIMS) standards. The activation of this Annex will be coordinated and monitored by OEM and other City staff both at the EOC and Department Operations Centers, as well as at remote locations if required for social distancing. In-depth information on EOC operations and Emergency Support Functions (ESFs) can be found in both Volume I and Volume II of the Seattle Disaster Readiness and Response Plan.

Because a pandemic will likely create an emergency over an extended period of time, realized in the absences of City employees, each City department or agency has included a line of succession in its COOP plan. This information is also included in **Appendix D: Line of Succession**.

C. Responsibilities

Responsibilities of the City of Seattle and PHSKC shall be allocated as follows.

The City of Seattle shall:

- Assist PHSKC in educating City employees and the public about how to protect themselves from becoming infected and infecting others.

- Assist pandemic planning and preparedness efforts in conjunction with regional, State, and federal response partners.

- Plan and prepare for the provision of essential City services to the public to ensure continuity of the public health and safety during and after a pandemic.

- Plan and prepare for logistical support of non-medical essentials (supplemental facilities, staff, fuel, other operating supplies, food, transportation, security, etc.) to health care system providers within the City of Seattle.

- Conduct training, drills, and exercises to enhance City readiness to respond to a pandemic.

- Coordinate activation and management of the Seattle EOC.

- Through the Seattle EOC, coordinate planning and response activities with Seattle departments, Seattle EOC representatives, and other entities as required.
    - ✓ Oversee the development of departmental COOP plans.
    - ✓ Support departmental efforts to test and improve plans and update them as required in response to incidents.

- Develop and implement an operational status report that will enable Seattle departments and critical stakeholders to provide rapid, concise situation reporting to the Seattle EOC and via the EOC to PHSKC.
    - ✓ Monitor the status of essential City services and provide for internal and external reporting.

✓ Monitor City employee absenteeism to help ensure that City resources are allocated appropriately for the continuity of essential services.

PHSKC shall:

▪ Implement and provide support for all health care issues during an influenza pandemic as described in ESF-8 Public Health and Medical Services and their Pandemic Influenza Response Plan. This plan is available on the Web at **http://www.metrokc.gov/health/pandemicflu/plan**.

▪ Identify and communicate health messages and guidance to the City and to the general public through established and agreed upon communications channels.

▪ Help identify emerging non-medical logistical support requirements for health care providers in the City of Seattle.

City of Seattle and PHSKC shall cooperatively support each other by:

▪ Providing accurate, timely, and consistent information to the public and other stakeholders regarding preparations for a pandemic; the impacts of an outbreak; local response actions; and disease control recommendations.

▪ Coordinating public education and public information resources where needed to reach employees, business owners, City residents, and visitors.

▪ Using selected City Public Information Officers (PIOs), Joint Information Centers (JIC) and regional support systems such as the Regional Public Information Network (RPIN).

▪ Coordinating special efforts to reach non-English speaking communities and other groups which may pose special communication challenges or which may have increased vulnerabilities to the effects of an influenza pandemic.

▪ Identifying and deploying non-medical resources required to support essential public health and critical governmental services.

▪ Managing and deploying medical resources made available through the Strategic National Stockpile.

▪ Jointly planning and participating in selected influenza pandemic training and exercises.

The respective responsibilities of the City of Seattle, PHSKC, other regional participants, as well as local citizens and businesses are specified in **Figure 2**.

Roles in Pandemic Influenza Preparedness and Response

Public Health Seattle and King County (PHSKC)

Roles:
- Maintain local surveillance
- Coordinate with State and local officials and provide input on medical issues to local COOP decisions
- Distribute anti-viral medication
- Coordinate public health information
- Coordinate Health Care Coalition and implement Unified Command at Phase 4 and above

Note: ESF 8 Public Health and Medical Services provides further elaboration

City of Seattle

Roles:
- Implement Continuity of Operations Plans, monitor and report status of essential City services
- Coordinate closely with the Local Health Officer, County Executive, and other elected officials as required regarding the implementation of social distancing and other health related directives.
- Plan and prepare for logistical support of non-medical essentials to PHSKC and Health Unified Command
- As with other major incidents, conduct an after-action evaluation and coordinate updates to City planning assumptions for subsequent waves.

Regional Public and Major Private Sector Stakeholders

Roles:
- Support pre-pandemic preparations within and between agencies to ensure common expectations and adequate preparations
- Provide input to Local Health Officer regarding social distancing measures and feedback on impacts
- Provide status of essential services on an as-needed basis

Citizens and Local Businesses

Roles:
- Become educated on expected impacts, consequences, and preventive measures
- Prepare individually, consistent with emergency management guidelines, to be as self-sufficient as possible during a pandemic
- Respond appropriately by complying with quarantine/isolation directives, vaccination schedules, and other requirements
- Support the needs of vulnerable populations such as the elderly and non-English speaking and assist them with their preparedness planning

April, 2007

VI. ASSIGNMENT OF RESPONSIBILITIES

Volume I, Seattle Disaster Readiness and Response Plan, Basic Plan describes appropriate actions to be taken by the City through its departments in the areas of Mitigation, Preparedness, Response, and Recovery during any major threat. Departmental COOP plans (see Volume II of this Annex) are complementary documents that provide more detail regarding actions to be taken at the departmental level.

The sections that follow outline the specific responsibilities of those City of Seattle departments and agencies providing essential services during each of the six pandemic phases described in the WHO influenza preparedness plan.

A. City of Seattle Departments

All City of Seattle departments and agencies shall:

- During Pandemic Phases 1, 2 and 3, develop, review, and update COOP plans and coordinate other work necessary to improve City, resident and local business preparations.

- At Pandemic Phase 3, develop and implement strategies for securing necessary operating supplies, stockpile as needed, and develop agreements with suppliers where practical to do so.

- At Pandemic Phase 4, support PHSKC with the management and deployment of medical resources made available through the Strategic National Stockpile.

- At no later than Pandemic Phase 5, invoke their COOP plans.

- At Pandemic Phase 6, report on workforce and service impacts of the pandemic consistent with direction from OEM.

B. Office of Emergency Management (OEM)

During Pandemic Phases 1 and 2 the Office of Emergency Management shall:

- Conduct meetings of the DMC focusing on influenza pandemic preparations. The group should review identified crucial gaps in local infrastructure and resources and potential legal impediments. State and local laws, if not corrected in advance, may interfere with an effective response.

- Revise the Seattle Pandemic Influenza Annex no less often than every four years or immediately after a severe pandemic. PHSKC shall review and update its pandemic threat assessment on an annual basis.

- Revise the Citywide line of succession list (see **Appendix D: Line of Succession**) and key contact information of partners, resources, and facilities, annually as well as incrementally as changes occur.

- Conduct regular updates to inform EOC staff, DMC members, other key officials, and various stakeholders on the status of influenza pandemic preparedness.

- Conduct conference calls, as indicated, with bordering jurisdictions to coordinate pandemic preparedness activities. Coordinate closely with PHSKC as they are responsible for coordinating the health care system's response.

- Review, exercise, and modify the plan as needed on a periodic basis.

During Pandemic Phase 3 OEM shall:

- Conduct meetings of the DMC and meet with appropriate partners and stakeholders to review major elements of the plan and evaluate level of preparedness.

- Modify the plan as needed on an urgent basis.

- Coordinate with bordering jurisdictions as required.

During Pandemic Phases 4 and 5 OEM shall:

- Activate the EOC to Emergency Management Increased Readiness level at Pandemic Phase 4 and Inter-Department Coordination & Increased Readiness level at Pandemic Phase 5.

- Convene the DMC and meet with partners and stakeholders to review this Annex.

- Activate enhanced communications procedures.

- Activate enhanced plans for operational priorities.

- Arrange for appropriate facilities use.

- Notify key officials of need for additional resources, if necessary.

- Document expenses of pandemic response.

During Pandemic Phase 6 OEM shall:

- Activate the EOC to EOC Major Activation level and coordinate with PHSKC, City agencies, and key external stakeholders the full activation of this Annex.

- Monitor and report status of essential City services.

- Coordinate activities with neighboring jurisdictions and other major institutions (e.g. Seattle School District, Port of Seattle, University of Washington and other institutions of higher learning.)

- Interface with appropriate counterparts at the national level.

- Document expenses of pandemic response.

C. Public Health – Seattle & King County (PHSKC)

Public Health – Seattle & King County shall:

- During Pandemic Phases 1, 2 and 3 where King County residents are not directly affected, lead countywide health-related preparedness and education efforts for pandemic response. This shall include assessing the viability of community

containment options and establish criteria for recommending their implementation to local elected officials.

▪ During Pandemic Phases 4, 5 and 6, communicate with health system partners through the Health Care Coalition to coordinate and manage health care system resources and information.

▪ Upon reaching Pandemic Phase 4 (if local area is not affected; Phase 3 if local area is affected), provide regular briefings to the King County Executive, the Mayor of Seattle, other local elected officials, and regional response partners. Briefings shall address the nature of the disease, its communicability and virulence, availability of vaccines and antivirals, actions that are being taken to minimize the impact, and health information being shared with the public and health care providers.

▪ Upon reaching Pandemic Phase 6, implement response measures, including social distancing.

▪ Coordinate updates to **Appendix E: Personal and Workplace Hygiene** with input from Personnel and the Fleets and Facilities Department.

D. Fleets and Facilities Department (FFD)

The Fleets and Facilities Department shall:

▪ Prior to Phase 4, identify and catalog alternative sources of fuel, materials and parts.

▪ During Phase 4, execute contracts for fuel and essential materials it believes will be in short supply.

▪ During Pandemic Phases 5 and 6, stockpile fuel and essential materials and conserve and allocate appropriately to ensure that the City's essential services can continue to the greatest extent possible.

▪ During Pandemic Phases 5 and 6, coordinate with City departments to schedule the opening and closing of City facilities such that health and safety concerns are addressed along with the need to provide service.

▪ During Pandemic Phase 6, ensure that all City buildings receive adequate fresh air to help slow down the spread of the pandemic.

E. Department of Executive Administration (DEA)

Throughout all Pandemic Phases, the Department of Executive Administration shall:

▪ Process payroll for departments which are unable to submit biweekly payroll input documents. Consistent with the City's Disaster Readiness and Response Plan, the prior period's payroll shall be rerun for those departments which cannot provide current data.

▪ Renew contracts as requested by departments to assist with the continuity of their operations and services.

▪ Assist departments with emergency contracts for essential goods and services.

F. Department of Information Technology (DoIT)

The Department of Information Technology shall:

- Prior to Pandemic Phase 5, enhance the City's infrastructure and licensing to support an increased use of remote access technologies: GroupWise Web, VPN, and Citrix. This expansion shall be based on requirements established and communicated to DoIT by departments as part of the development of their COOP plans and reviews of interdependencies.

- Assist employees who request or ask to work remotely during an influenza pandemic by providing clear instructions on how to use the access tools that have been assigned to them.

- Discuss critical IT support needs and alternative support strategies with those departments that request support.

G. Department of Finance (DOF)

The Department of Finance shall:

- Prior to Pandemic Phase 5, monitor the City's Emergency and related funds and report on the amount of reserves the City has on hand which could be used to help overcome revenue shortfalls during a pandemic.

- During Pandemic Phases 5 and 6, monitor revenues and expenses and notify departments of changes in the City's financial condition to help them prepare for any resulting cut-backs.

H. Personnel Department

The Personnel Department shall:

- Prior to Pandemic Phase 4, assist departments with reviewing their labor contracts, work rules, and practices, and identifying changes which may be needed to respond to an influenza pandemic. Personnel shall also brief business representatives from affected unions to help ensure they are informed.

- During Pandemic Phase 4, coordinate briefings and information sessions for City employees regarding the City's plans and employee options.

- During Pandemic Phase 5, assist departments with final preparations for workforce disruptions and dislocations.

- During Pandemic Phase 6, delegate to departments all responsibilities for hiring, disciplinary actions, and work changes.

- Coordinate updates to **Appendix F: Workforce Resiliency Plan** with input from PHSKC and other agencies as required.

I. Library, Parks and Recreation, and Seattle Center

Library, Parks and Recreation, and the Seattle Center shall:

- During Pandemic Phases 5 and 6, make staff available to support essential services in other departments.

- During Pandemic Phases 5 and 6, open selected facilities, as requested by the EOC (Fleets and Facilities, probably based on input from PHSKC) for public health or logistics support purposes.

J. Citywide Recovery Activities

Since an influenza pandemic is likely to occur in waves, the City of Seattle may need to prepare for and perform recovery activities between each wave. It will be important for all City departments and agencies to take the following actions between each wave of the pandemic:

- Assess all physical, economic, and social impacts of the most recent pandemic wave.

- Adjust recovery actions based upon actual impacts and circumstances.

- Assess costs and prepare for the next wave.

- Monitor international and national health information sources for any updates on future pandemic waves.

- Balance recovery actions with essential preparedness for the next wave.

- Adjust staffing resources where possible.

Long-term recovery for the larger community, especially if the pandemic is severe in terms of loss of life and economic consequences, will be daunting and protracted. In particular, the City of Seattle may find both its revenues and service demands affected by the following conditions as it struggles to return to normal levels of activity:

- Smaller businesses have fewer resources to withstand a pandemic, which is likely leading to business failures. They are also likely to be less competitive than larger firms when it comes to employee retention. The business community as a whole will need to work together to mitigate the impacts of competition and recovery on smaller businesses.

- Lower-income and middle-income workers will be heaviest hit and they are least likely to have sufficient financial reserves. They will need assistance in accessing business and government worker recovery support programs.

- Large businesses will not be totally immune and may encounter plant shutdowns due to loss of staff. Restoring operations could be problematic.

City government, therefore, must approach its own recovery sequence with an understanding of the continuing, long-term impacts of a pandemic on the larger community. Streamlining support and eliminating any non-essential barriers to business recovery will be essential.

VII. ESSENTIAL SERVICES

During a pandemic, there may come a time when all available City resources must be used to provide only the highest priority essential services. In such a situation, the City will not be able to support other jurisdictions or businesses, or provide non-essential City services.

For that reason, as part of the planning process, each City of Seattle department or agency identified all the essential services it provides in its COOP plan. The delivery of these essential services may be prioritized by Department Directors and the Mayor as a pandemic progresses, depending on the severity and nature of its impacts.

Table 2 outlines those services that have been identified as critical to the health and safety of Seattle residents and the continued operation of City government. For more information about the criteria used to define an essential service, see **Appendix G: Essential Services**.

Table 2: Essential Services

Department	Essential Services to Be Maintained
Public Safety	
Seattle Fire Department	✓ Provide emergency mitigation, fire suppression, and life safety services. ✓ Provide emergency medical services. ✓ Provide hazardous materials response. ✓ Oversee Disaster Operations, Fire Alarm Center, Fire Marshal's Office, and Fire Investigations as necessary.
Seattle Law Department	✓ Provide legal support to policymakers and EOC staff. ✓ Draft necessary emergency proclamations and orders. ✓ Provide advice and litigation support on quarantine and isolation issues. ✓ Provide prosecutors for charging decisions, arraignments and prosecutions.
Seattle Municipal Court	✓ Conduct arraignments, bail reviews, trials, payment receipt, and processing.

Department	Essential Services to Be Maintained
Seattle Police Department	✓ Maintain emergency communications through the 911 Center. ✓ Maintain public order. ✓ Respond to priority public safety situations as they occur. ✓ Investigate deaths, violent crimes, and other serious felonies. ✓ Respond to fatal/injury accidents.
SPD's Office of Emergency Management	✓ Serve as Citywide command/resource center. ✓ Integrate local resources. ✓ Coordinate with other EOCs within the region as well as Washington State Office of Emergency Management. ✓ Coordinate public information.
Utilities and Transportation	
Seattle City Light	✓ Maintain power service for customers. ✓ Bill for City Light and SPU utility services. ✓ Coordinate Call Center activities with SPU.
Seattle Public Utilities	✓ Maintain water service for customers. ✓ Support wastewater collection and transmission. ✓ Provide drainage and flood control management. ✓ Manage solid waste collection and transfer station operations. ✓ Provide Call Center and customer service activities for City Light and SPU utility services.

Department	Essential Services to Be Maintained
Seattle Department of Transportation	✓ Provide traffic management and control. ✓ Maintain bridge corridors. ✓ Maintain key arterial corridors.
Health and Human Services	
Public Health Seattle and King County	✓ Guide communications effort and coordinate with the EOC and JICs when activated. ✓ Operate primary care clinical services. ✓ Provide Correctional Health Services. ✓ Operate the Communicable Disease-Epidemiology program. ✓ Serve as Medical Examiner. ✓ Issue death certificates. ✓ Operate the Public Health Laboratory. ✓ Dispense medication for tuberculosis patients. ✓ Provide unified command with other members of the health community when a pandemic is declared.
Human Services Department	✓ Deliver case management for clients. ✓ Provide payments and reimbursements to non-profits. ✓ Coordinate and communicate with non-profits.
Neighborhoods and Development	
Office of Economic Development	Non-essential, but may assist by communicating with businesses and business organizations regarding preparation, status, and recovery.
Office of Housing	✓ Disbursements to nonprofits for maintenance and operation of housing.

Department	Essential Services to Be Maintained
Department of Neighborhoods	Non-essential, but may assist by reporting impacts at the neighborhood level and providing information to neighborhood groups.
Department of Planning and Development	Non-essential but will assist with economic stability and safety by maintaining core permitting, inspection, and enforcement functions.
Arts, Culture, and Recreation	
Office of Arts and Cultural Affairs	Non-essential.
Seattle Public Library	Non-essential but facilities may be required for temporary medical services or distribution of materials and supplies.
Parks and Recreation	Non-essential but facilities may be required for temporary medical services or distribution of materials and supplies.
Seattle Center	Non-essential but facilities may be required for temporary medical services or distribution of materials and supplies.
Administration	
Office of the Mayor	✓ Execute emergency powers as required. ✓ Open/close City government services and agencies. ✓ Make major policy decisions. ✓ Represent Seattle with other elected officials.
Legislative Department	✓ Adopt legislation.

Department	Essential Services to Be Maintained
Department of Executive Administration	✓ Provide City-wide payroll processing. ✓ Conduct revenue collection and distribution. ✓ Establish contracting and emergency procurement. ✓ Provide Animal Shelter and field enforcement services.
Department of Information Technology	✓ Maintain the City's public safety radio network. ✓ Maintain the City's telephone network. ✓ Maintain the City's data network, including e-mail and Web site. ✓ Operate the City's data center for essential IT applications and systems.
Department of Finance	✓ Manage City finances. ✓ Approve emergency funding. ✓ Conduct emergency asset liquidation.
Office of Policy and Management	Non-essential.
Personnel Department	✓ Establish personnel rules and support emergency human resource needs. ✓ Manage labor relations. ✓ Provide temporary staffing and employment.
Office of the City Auditor	Non-essential.
Office of the Hearing Examiner	Non-essential.
Seattle Office of Civil Rights	✓ Investigate discrimination complaints.

Department	Essential Services to Be Maintained
Civil Service Commission	Non-essential, but may assist in ensuring work force sustainability.
Office of Intergovernmental Affairs	Non-essential, but may assist the City in coordinating information and response activities with other local, regional, State, and national entities.
Office of Sustainability and Environment	Non-essential.
Employee Retirement Office	✓ Assist employees in transitioning out of City government.
Ethics and Elections	Non-essential.
Office of the City Clerk	✓ Maintain official records.
Mayor's Office of Film and Music	Non-essential.

VIII. LOGISTICS

While the City of Seattle has a good deal of experience in responding to incidents such as rain and windstorms, it has very little experience in planning for and effectively dealing with a severe pandemic that may be long lasting and have even longer lasting consequences. Volume I of the Seattle Disaster Readiness and Response Plan (SDRRP) provides a good framework for establishing Resource Support responsibilities. ESF 7 of the SDRRP assigns leadership for Resource Support planning and execution with the Fleets and Facilities Department. While this guidance shall apply during a pandemic, the extraordinary demands of an influenza pandemic dictate the need for additional planning and coordination with regard to resources and facilities.

The sections that follow outline additional planning and preparation the City needs to undertake to effectively manage resources and facilities during an influenza pandemic. Information with respect to outside assistance and mutual aid is also addressed in this section.

A. Resource Management

ESF 7 of the SDRRP provides the structure and framework for obtaining additional resources when City departments are unable to meet their needs. During a pandemic event, the Resource Support Operations Center (RSOC) may be stood up, or all resource needs may be administrated through the Resource Support Functional Group in the Seattle EOC.

An influenza pandemic will likely be a long-term event lasting many months, and resource management needs will undoubtedly change throughout that period. The ESF 7 Lead, in coordination with EOC leadership, shall regularly evaluate resource management needs and determine the most effective approach to meet those requirements. Assessments shall be conducted at the end of each wave of the pandemic with the analysis and results informing refined planning for subsequent waves.

Resource Shortages

During a pandemic, common resources may be difficult to obtain or unobtainable for a variety of reasons. Many businesses today maintain "just in time" inventories which will quickly be depleted during a pandemic and difficult to replenish. The supply chain is likely to be disrupted by the pandemic, and vendors and suppliers may be forced to close their doors for an extended period of time due to lack of supplies or staff shortages. Unlike other disasters, obtaining supplies from another city may not be an option. State and federal support will also not be available, particularly in the short term.

In addition, certain supplies will be in high demand, not only among public agencies but also private businesses. Items in short supply may include fuel, food, medicines and medical supplies, toiletries, office supplies, and parts needed to keep equipment in good working order.

It is important that City agencies identify, and secure where prudent to do so, resources that support essential services before a pandemic develops. Obtaining additional resources during a pandemic may be possible, but these resources will likely take extra effort and time to procure and prices could be at a premium.

Resource Reserves

The City of Seattle must remain able to provide essential services for its residents, businesses, and visitors. The ability to provide these services lies not only in staff required to perform the duties, but also in the equipment and supplies needed to support those services. Through the COOP planning process, each City department should identify resources critical to essential operations and consider maintaining a 90 day supply of those resources in reserve. This level is consistent with the likely duration of one of the pandemic waves. The types and quantities of resources kept in reserve will vary by department and be affected by a variety of circumstances, including funding sources, resource lifespan, and storage availability.

Resource Conservation

The City recognizes that multiple solutions are required to deal with resource shortages. Resource conservation should be considered at the beginning of a pandemic so that resources can be shifted from non-essential missions to those that provide essential services.

In preparing for a pandemic, FDD, in close coordination with the EOC and City agencies that provide essential services, shall develop a resource management strategy, including conservation and reallocation guidelines, to help preserve fuel, automotive parts and equipment, sanitation supplies, and other resources. FFD shall also review facility cleaning and maintenance contracts and explore provisions which would help minimize the spread of disease where practicable. This strategy will be executed during the Response Phase; conservation and reallocation activities are likely to continue during the Recovery Phase as supply chain disruptions in some instances are likely to last well after the pandemic. Each City department must also consider alternate methods of doing business during a pandemic that will preserve resources on hand.

Recommended Resource Planning

ESF 7 describes how resources will be procured and who will be tasked to work on logistics when a disaster strikes. The City must be prepared to execute its resourcing strategy and to purchase emergency supplies and equipment immediately upon the indication that a pandemic is at hand. The inability to obtain needed resources during a pandemic event could result in an ineffective response to critical missions. Waiting until supplies are depleted will be very costly at best.

Each City department should include a resourcing strategy in its COOP plan. When developing a resource plan, departments should identify:

- All resources required to support essential services;

- Location of sources within the city that may be used to supplement needed resources;

- A funding mechanism to support resource stockpiles;

- Secured locations for storage of resources;

- How to incorporate rotating resource reserves into their everyday operations.

Once individual departmental needs have been identified, the DMC will review plans and strategies for commonalities and interdependencies so departments can achieve some shared efficiencies and to ensure that one department's plans do not inadvertently disturb essential services of another.

Before an event, each department may also want to identify multiple vendors, including some smaller local companies, that carry parts or supplies that sustain essential services. In some cases, it may be beneficial to develop Memoranda of Understanding with companies identifying specific items that may be needed to support essential services. Though there is no guarantee that a vendor will be able to deliver the part or item, this type of agreement helps build a relationship between the City and businesses that could be beneficial during a disaster.

B. Alternate Locations and New Facilities

The SDRRP specifies processes for identifying and obtaining additional space. Each department must assess its need for alternate or additional work space for employees as well as space for storage of supplies, equipment, or other special needs. If social distancing is implemented during a pandemic or if additional staff is needed to perform essential services, then it may be necessary to obtain additional facility space. (In some cases, the solution may be to utilize work space that is used by work groups that are not supporting essential services.) Security and other support services (e.g., voice and network communications capabilities) for alternate or additional work and storage locations must also be addressed and planned for in advance.

One unusual circumstance that must be considered during an influenza pandemic is the need to have a room or area where persons who become symptomatic of the illness can stay. Employees who become ill at work may either refuse to go home or be unable to go home because of their condition. It is important that those who are symptomatic not be in close proximity to those who are not displaying symptoms, but there may be no medical facility that can immediately receive them. As an alternative, the City may want to establish dedicated rooms for ill employees by individual work group or by building or building floors.

As the health care system (hospitals and clinics) quickly becomes overwhelmed by critical cases, the City will also need to plan for the deployment of neighborhood facilities that can provide basic health care support. Logistics planning must include identifying spaces such as Parks Department community centers, libraries, or neighborhood schools, staffing those facilities, stocking them with operating supplies, food, beds and bedding, and providing security and transportation support.

Because of the potentially high mortality rate of pandemic flu, the management of the remains of deceased persons may also become a logistics challenge. It is the responsibility of PHSKC to identify and resource facilities that can be used to hold the bodies of those who have died during the pandemic. City personnel must work with Public Health staff to determine facility requirements and to conduct assessments to determine candidate locations for temporary storage of remains. Contingency agreements with potential facility providers may be warranted.

C. Integrating Outside Assistance

During a pandemic, City agencies should not expect to receive assistance from other agencies. Any outside assistance that is received will be integrated into existing operations. Staging areas will be established for incoming resources using the Incident Command System.

D. Mutual Aid and Inter-local Agreements

All planning must assume that mutual aid will not be available during a pandemic. A shortage of personnel resources and supplies will dictate that agencies keep their limited personnel resources close to home and that supplies will be fully consumed providing service to their own jurisdictions.

IX.   FINANCIAL MANAGEMENT

In addition to the challenges of maintaining essential City services in the face of staffing shortages and supply chain disruptions, the City may also confront significant financial problems during and after a pandemic. The Response and Recovery phases of a severe pandemic are likely to be more prolonged than other disasters, placing additional importance on overall financial planning and fiscal management.

The sections that follow describe some of the specific financial challenges an influenza pandemic is likely to create and steps the City of Seattle should take to prepare for such challenges.

A. Financial Challenges

During an extended influenza pandemic, the City can expect to confront higher than normal costs for the following reasons:

- Supply shortages may drive up the cost of fuel, replacement parts, supplies, and other components essential to service provision. In some cases, "doing without" will not be an option for the City, especially in areas of public safety and basic utility services.

- New functions and services may be required of the City; these might include the operation and maintenance of emergency short-tem medical facilities, the support of children whose parents are ill or have died, or the extended protection of pharmacies whose supplies are being rationed. None of these examples is intended to be a proposal or recommendation for new City activities, but merely a recognition that the City's role as the unit of government closest to Seattle residents may evolve rapidly and unexpectedly during a pandemic.

At the same time that its costs may rise, the City may find that its revenues are significantly declining. If a pandemic is short-lived or if its impacts are relatively mild, revenue reductions may not become an issue. If, however, a pandemic occurs as a cycle of intense waves as some experts predict, then a serious economic downturn may result, affecting all three primary pillars of the City's tax base.

- The City's sales tax revenue could be drastically reduced if supply chains become disrupted and construction activity is curtailed. Residents may also avoid stores and businesses out of fear of coming into contact with infected individuals.

- As businesses see their retail or wholesale sales decline, the City's business and occupation tax revenue could similarly shrink.

- While property tax revenue should be much more stable, it is possible that by the second year of a pandemic, some property owners, through illness, unemployment, or other circumstances, may no longer be able to pay their property taxes.

B. Fiscal Responsibility

To prepare for the financial challenges created by an influenza pandemic, the City, under the leadership of the Department of Finance, must take the following actions:

- Continue to maintain the City's Emergency Fund and similar reserves at current levels or higher. The fund, as currently constituted, would likely be sufficient to sustain the City through the first two waves of a pandemic without significant disruption.

- Maintain its prioritized list of essential services and identify potential cuts in non-essential activities. Any service cuts that could yield immediate expense relief should be identified and those cuts should be implemented if rapid reductions in expenditure become necessary.

- Explore opportunities for temporary reductions in work hours or salary levels for City employees during a declared influenza pandemic emergency. Such reductions, while unpopular, are preferable to laying off employees.

- Develop revenue monitoring mechanisms that can be implemented quickly when a pandemic emergency is declared.

C. Financial Reimbursement

As with other emergencies, documentation of all activities and costs associated with a pandemic shall follow the guidelines established in the SDRRP. City leadership staff and elected officials will expect to be informed of the cost of a pandemic crisis.

FEMA Disaster Assistance Policy DAP9523.17, Emergency Assistance for Human Influenza Pandemic, describes certain costs associated with an influenza pandemic which may be eligible for federal reimbursement. (For a copy of this policy, see **Appendix H: Federal Non-Medical Guidance**:) While the City of Seattle will work with FEMA and all possible jurisdictions and levels of government for potential cost recovery, it is recognized that a severe influenza pandemic will affect national and local revenues, and that federal assistance may be late in coming. Therefore, City planning is not predicated on rapid or complete reimbursement of expenses from the federal government.

X.   HUMAN RESOURCES

A pandemic is likely to have many unforeseen impacts, especially in areas relating to personnel. Human Resource managers from departments across the City have drafted a set of policies intended to guide the City in its response to a pandemic. To review these policies, see **Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines**. The City will use its established labor relations processes to negotiate proposed changes to personnel practices that affect contracts. The draft policies are currently under review and will be finalized prior to adoption of this Pandemic Influenza Plan.

Guiding Principles

The following principals were applied when developing the draft personnel policies and guidelines included in Appendix I:

- The health and well-being of the City's workforce is of paramount importance. Employees and their family members will need to be supported during what will be very stressful times.

- Maintaining adequate staffing to support essential City services will be of primary concern. Essential services will be staffed first and other functions will be staffed secondarily.

- In the event that an influenza pandemic is proclaimed, management may be required to take actions to protect the public and City employees that conflict with existing Personnel Rules and collective bargaining agreements. It is the City's intent to minimize the number and the duration of these disruptions and to honor all appeal processes to the extent practical.

- Unions will be informed in advance of potential personnel administration changes to the extent reasonably possible.

- The human resource processes may be simplified and the administration of personnel rules and/or collective bargaining provisions narrowed in order to meet the demands of staffing needs during an emergency period.

- The effect of these policies does not grant new privileges, rights of appeal, rights of position, transfer, demotion, promotion or reinstatement of any City of Seattle employees, contract or temporary workers or volunteers. These guidelines and policies do not constitute an express or implied contract. They provide general guidance and cannot form the basis of a private right of action.

A. Social Distancing

In an influenza pandemic, one of the key strategies the City will adopt to prevent the spread of flu among City employees is social distancing. This may require sending individuals home without work to do, having them work at home, having them work extended hours, or having them work overtime. Some or all of these issues have labor relations implications, including potential adverse impacts on employees. These issues have been presented to the Human Resources review group and are addressed in Appendix I.

B. Communicating with Employees

Communicating regularly, directly, and honestly with City employees regarding the City's plans for and response to a pandemic as it occurs will be essential to the success of that response. The City's Communications Strategy covers both internal and external communications and the general timing of their release during the pandemic incident lifecycle. Explicit strategies and responsibilities for communicating with City employees are detailed in **Appendix B: Pandemic Influenza Emergency Communications Strategy**.

XI. ASSESSMENT AND REPORTING

When PHSKC determines that a pandemic threat exists, and the SDRRP and Pandemic Influenza Incident Annex are activated, each City department will be required to assess its current situation. One of the first tasks each department shall undertake upon activation of the SDRRP is an evaluation of its personnel strength, as the performance of essential services depends upon the availability of personnel to perform tasks associated with those missions. Each department must also review and evaluate its Line of Succession to ensure that there is enough depth to maintain a leadership presence at all times. Personnel strength and deficiencies will be reported to the EOC in accordance with standard reporting procedures as identified in the SDRRP.

In addition, any conditions that impair the ability of the department to perform essential services shall be reported to the City EOC as stated in the SDRRP. Personnel strength, absence of managers or supervisors, malfunctioning equipment, inappropriate or insufficient operating space, or lack of supplies or parts may all affect the ability to provide service. Any significant issues that need additional help for resolution should all be reported to the EOC where alternative solutions may be recommended.

The sections that follow describe the type of reporting activities that will be required of all City departments during an influenza pandemic.

A. Impact Reporting

In order to track the impacts of an influenza pandemic on City services and the public, departments will be required to report regularly on any changes in service levels, quality of service, or key performance indicators. Departments can submit impact reports using the impact reporting form available on WebEOC. To view a sample impact reporting form, see **Table 3**.

An impact should be reported as soon as possible after it occurs. Changes in the status of a previously reported impact—either improvements or further degradations in service—should likewise be reported as updates to the original impact report.

It is expected that at its height, an influenza pandemic will create many impacts. Departments should focus on those impacts that are most significant to the public, to City policy-makers, and to other departments. When evaluating whether to report an impact, departments should consider whether the impact:

- Affects an essential service;
- Is expected to be of noticeable duration;
- Poses a significant reduction in service;
- Has policy implications;
- Is related to the department's published key performance indicators;
- Affects large numbers of people or vulnerable groups of people; or

▪ May require significant additional resources to mitigate.

By maintaining a collective picture of impacts and their expected durations, the City will be in a better position to reallocate resources as needed to restore or retain essential services at acceptable levels.

Table 3: Influenza Pandemic Impact Report

Entry#	Dept.	Name	Description of Change	Normal Service Level	Altered Service Level	Who is Affected	Nature of Impact	Level of Impact	Policy Issue	PIO Info	Start Date	Expected End Date	Action Plan	Resource Request

Explanation of columns

Entry #: This should be generated by WebEOC or whatever automated system is recording these impacts.

Name: Provide a brief, concise name for the change you are reporting, e.g., reduced Permit Counter service hours. In most cases, this should be one of the department's essential services.

Description: Describe the change, including the staffing reductions or other factors which are driving the change. Often a service level change will have multiple causes.

Normal Service Level: Provide the performance metric which identifies normal or baseline service, e.g., Counter open 8 a.m. – 5 p.m. M - F

Altered Service Level: Provide the changed service metric, e.g., Counter open 10 a.m. – 2 p.m. T - Th

Who is Affected: Identify the group or groups most affected by the change, including other City departments; if possible, include the number of people or other measures of the impact.

Explanation of columns, cont.

Nature of Impact: Describe the impact of the service change on the affected groups, e.g., contractors are being delayed at least two weeks in getting permits.

Level of Impact: Categorize the impact according to the following scale:

5. Service not functional; poses significant health/safety threat to residents
4. Major service delivery problems; poses moderate health/safety risk to residents
3. Serious service delivery problems; creates severe service disruption or inconvenience for residents and/or other City departments
2. Moderate service delivery problems; creates moderate disruption or inconvenience for residents or other City departments
1. Variance within normal range; creates minor or unnoticed disruption or inconvenience

Policy Issue: Are there policy issues involved which require the attention or approval of elected officials? Answer Yes or No.

PIO Info: Have PIOs been fully informed of the situation so they can appropriately inform the public? Answer Yes or No.

Start Date: Provide the date on which the changed service level began.

Expected End Date: Provide your best estimate, if possible, of the date at which you expect service to return to normal.

Action Plan: Describe actions taken or planned, if any, to mitigate the impact. If the change has multiple causes, you should describe the action to be directed at each cause.

Resource Request: Identify any additional resources you are requesting, if any, in order to complete the actions you wish to take

B. Absence Reporting

Departments and the EOC need to know the resources that each department has available to perform service so that resource shortages can be addressed for essential services. In addition, PHSKC requires this information to help track the magnitude and spread of a pandemic.

Therefore, each department is required to report on a daily basis:

- How many employees, including part-time and temporary employees, the department has on their payroll;

- How many employees have reported to work;

- How many employees are absent;

- And, to the extent known, the reason for absences: sick leave, family sick leave, scheduled absence, or other.

Each department, as part of its COOP plan development, should create a procedure for gathering this information on a daily basis for week-day day shift employees. Typically, a department may establish a simple process for supervisors to report upward to a central point within the department regarding daily staffing levels and absences; that central point, which might be a payroll clerk or DMC representative, will post the results daily to a Web-based absence reporting form available on WebEOC. To view an absence reporting form, see **Table 4**.

Table 4: Influenza Pandemic Absence Report

To be completed daily, Monday through Friday, upon request by EOC

Depart-ment	# Staff	#Staff Reporting	#Staff Absent	Absent Due to Illness	Absent Due to Family Illness	Vacation Leave, other	Unknown Reason for Absence
Arts							
Auditor							
CSC							
DEA							
DOF							

Depart-ment	# Staff	#Staff Reporting	#Staff Absent	Absent Due to Illness	Absent Due to Family Illness	Vacation Leave, other	Unknown Reason for Absence
DoIT							
DON							
DPD							
Ethics							
Executive							
FFD							
HSD							
Law							
Legislative							
MOFM							
OCA							
OCR							
OED							
OHE							
OIA							
OPM							
OSE							

Depart-ment	# Staff	#Staff Reporting	#Staff Absent	Absent Due to Illness	Absent Due to Family Illness	Vacation Leave, other	Unknown Reason for Absence
Parks							
Personnel							
Retirement							
SCL							
SDOT							
Seattle Center							
SFD							
SHA							
SMC							
SPD							
SPL							
SPU							
Totals:							

Explanation of columns

 # Staff: The number of staff on payroll and scheduled to work that day.

 # Staff reporting: The number of staff who showed up for work that day.

 # Staff absent: The number of staff who were scheduled to work but did not show up for work that day.

Explanation of columns, cont.

Absent due to illness: The number of staff who were absent due to personal illness.

Absent due to family illness: The number of staff who were absent due to a family member's illness.

Vacation, leave, other: The number of staff who were on a pre-approved vacation, personal leave day, or other paid day off.

Unknown reason for absence: The number of staff reported as absent for whom the reason for the absence is unknown.

XII. PLAN ADOPTION AND TRAINING

This Annex creates some unique implementation challenges. Most disasters are of short duration, yield no more than a few days of disrupted service, and affect only a small and well-defined number of employees or work units. In contrast, during a pandemic, most employees will be affected and many businesses will change their level of service, some more than others. This impact will likely be felt across all of City government for several months or longer.

Because an influenza pandemic will impact employees and services across the City of Seattle, it is critical that all employees be adequately prepared to respond to a pandemic. Every City department should ensure that its employees receive training on those portions of the City's Readiness and Response Plan and the department's COOP plan that directly affect their work or their well-being. Furthermore, the City should conduct a series of drills and exercises to prepare all employees for their role in providing essential services during a pandemic.

The sections that follow provide a schedule for plan completion, adoption, and maintenance, and guidelines for training employees on plan logistics and conducting implementation exercises.

A. Schedule

Because it will take several months for City departments and agencies to develop, coordinate, train, and practice their continuity of operations plans for a pandemic influenza outbreak, it is important that all City agencies remain committed to a schedule for completing the preparation activities outlined in this Annex. Following is the recommended schedule:

- Plan adoption by DMC – July, 2007
- Department COOP plans completed – July, 2007
- OEM training complete – February, 2008
- Department training complete –February, 2009
- Department drills and tabletop exercises complete –July, 2009
- Citywide exercise complete –July, 2009

This timeline may be modified in response to changes in the World Health Organization (WHO) phase of pandemic alert. In the event that a pandemic reaches Phase 4 or higher prior to July of 2009, the City should escalate its training and exercise schedule.

To help departments track their preparedness efforts, a planning checklist is provided in **Appendix J: Pandemic Influenza Emergency Planning Checklist**. The checklist may be modified as departments or the DMC identify additional activities that should be performed; each department's progress in completing all items on the checklist should be monitored and progress reported to and by OEM.

B. Plan Adoption

This Annex becomes effective upon DMC approval and subsequent ratification by the City's Executive and Legislative authorities (the Mayor and City Council respectively.)

C. Responsible City Officials

The Director of the Office of Emergency Management has overall responsibility for the Incident Annex and shall periodically report implementation status to the DMC; Mayor's Office; and the Chair of the City Council's Environment, Emergency Management & Utilities Committee or its successor; and shall coordinate updates to the Annex as required. Given their predominant roles in a pandemic, the Leads for ESFs 2 (Communication), 6 (Mass Care, Housing and Human Services), 7 (Resource Support), 8 (Public Health and Medical Services), 14 (Long-Term Community Recovery and Mitigation), and 15 (External Affairs) shall play major roles in the administrative processes to ensure the Annex is effective.

Department heads, especially those providing essential City services, are responsible for ensuring the adequacy of their COOP plans and departmental preparations.

D. Distribution

It is the responsibility of OEM to ensure proper distribution of the Annex to City department and agency directors and other appropriate parties. The Annex shall be transmitted by OEM to the SDRRP distribution list either electronically or by hard copy as necessary. In addition, because much of this plan impacts all City employees, OEM shall post it on the InWeb and appropriate Internet locations. City department and agency directors are responsible for ensuring that all employees within their departments have access to the sections of this Annex that affect them.

E. Maintenance

OEM staff is responsible for maintaining the Seattle Pandemic Influenza Annex, with input from individual department staff and/or ESF representatives. This Annex and its appendices shall be reviewed every four years following the schedule of the SDRRP reviews.

However, certain portions of this Annex must be reviewed more frequently. **Appendix K: Pandemic Influenza Emergency Information Technology Plan**, for example, should be reviewed at least every two years to ensure that it adequately addresses the most current technologies in use at the City. This is particularly critical in relation to strategies for telecommuting. In the event of an influenza pandemic, it is imperative that all equipment and software used by employees to telecommute be up-to-date and compatible with City systems, as the expectation is that many employees will telecommute during the pandemic.

Similarly, human resource policies may change as union contracts are renegotiated. **Appendix I**, which addresses these issues, should be reviewed at least every two years.

Additionally, when the WHO declares that the influenza pandemic has moved to Phase 4, this Annex should be reviewed and updated as required. Training and exercise schedules may also be accelerated based on WHO and PHSKC guidance.

Finally, PHSKC will update its forecast of pandemic status on an annual basis.

F. Training

Because every City employee will be affected by this Annex, extensive training on the plan is necessary. Methods to conduct training may include Web-based training, video presentations, and direct classroom instruction. Training will vary from general overview materials to detailed procedures. Departments and agencies are expected to contribute to various portions of lesson plans where required.

Training Module Development

Seattle OEM is responsible for developing a basic curriculum that will be available to all City employees. The development of these training materials will require input from other departments and agencies, particularly the ESF Leads identified in Section XII: C.

The purpose of this training is to help employees understand the priorities of City government, including essential services during an event of this type. In addition, the training will identify City employees' roles in providing essential services during a declared pandemic crisis, ways they can help themselves and their families overcome challenges they may face during a pandemic, and ways to help the community and those they serve. General information about pandemic influenza, basic health and safety recommendations, social distancing guidelines, human resource issues, and IT instruction should also be included in the training.

In addition to the initial training module developed by OEM, each department shall develop training that includes specific policies and procedures their employees will use during an influenza pandemic. Training that familiarizes employees with department COOP plans, particularly those areas affected by a pandemic, is critical and should address issues such as Lines of Succession, Delegation of Authority, and which units will cover for others if there is a shortage of personnel.

The ESF Coordinator or a designated team of individuals from each ESF is responsible for reviewing current procedures and modifying them as appropriate for response to a pandemic. The coordinator is also responsible for ensuring that training materials and ESF specific training and drills are developed and delivered, and that after action reports are reviewed with the Director of OEM and the DMC. There are also some unique forms of technical training that may need to be developed. Examples include IT training on remote access for those employees who may be working from home, agreed upon exceptions to union contracts, and modifications to procurement or payroll submissions. OEM staff will coordinate with ESF Leads and work units with technical expertise to ensure that all gaps are identified and training issues addressed.

Training Delivery

While OEM is tasked with developing the basic module of training materials, it is the responsibility of each department to enhance that basic training with department specific information and to ensure that their employees receive training. Methods that may be used to deliver training to City of Seattle employees include train-the-trainer, direct classroom instruction, Web-based training modules, and video presentations.

OEM shall conduct at least one training session for DMC members, all department directors, separately elected officials and their key staff, and selected managers. This session shall include basic information for all staff as well as pandemic specific EOC training. In addition, OEM shall conduct train-the-trainer classes for designated trainers who shall pass the information on to City employees. Finally, OEM shall provide each City department with a copy of the training materials that it develops as a basic training package.

When the WHO declares that the influenza pandemic has moved to Phase 4, training shall be accelerated as much as possible so that every employee receives basic pandemic training prior to the onset of the disease in Seattle. The training schedule may be modified based on the advice of PHSKC.

G. Exercises

Disaster exercises perform three vital functions. They:

- Validate response plans and procedures to the extent that those plans and procedures are adequate in guiding responses to exercise scenarios.

- Expose gaps or shortcomings which can be corrected and validated in the next exercise.

- Reinforce employee behaviors and increase employee confidence in using the plan to respond to a disaster.

Activities typically build from the simple to the complex over time and generally require budgets that increase with the complexity of the exercise.

The Federal Emergency Management Agency (FEMA) provides the following definitions of exercises in its IS 139, Exercise Design training course.

"… As the name suggests, the **orientation seminar** is an *overview* or *introduction. Its purpose is to familiarize participants with roles, plans, procedures, or equipment.* It can also be used to resolve questions of coordination and assignment of responsibilities.

A **drill** is a *coordinated, supervised exercise activity, normally used to test a single specific operation or function*. With a drill, there is no attempt to coordinate organizations or fully activate the EOC. Its role in an exercise program is to practice and perfect one small part of the response plan and help prepare for more extensive exercises, in which several functions will be coordinated and tested. The effectiveness of a drill is its focus on a single, relatively limited portion

of the overall emergency management system. It makes possible a tight focus on a potential problem area.

A **tabletop exercise** is a *facilitated analysis of an emergency situation in an informal, stress-free environment*. It is designed to elicit constructive discussion as participants examine and resolve problems based on existing operational plans and identify where those plans need to be refined. The success of the exercise is largely determined by group participation in the identification of problem areas.

A **functional exercise** is a *fully simulated interactive exercise that tests the capability of an organization to respond to a simulated event*. The exercise tests multiple functions of the organization's operational plan. It is a coordinated response to a situation in a time-pressured, realistic simulation.

A **full-scale exercise** *simulates a real event as closely as possible*. It is an exercise designed to evaluate the operational capability of emergency management systems in a highly stressful environment that simulates actual response conditions. To accomplish this realism, it requires the mobilization and actual movement of emergency personnel, equipment, and resources. Ideally, the full-scale exercise should test and evaluate most functions of the emergency management plan or operational plan. …"

To ensure an effective response to pandemic influenza, the full range of exercises from the drill to the full-scale simulation will be necessary. These exercises enable the City to test its plans and help employees to understand their roles in the response and to practice critical activities.

Each department shall conduct training, drills, and tabletop exercises that include appropriate managers and selected personnel. Some departments may need to execute multiple exercises in order to cover all business groups. OEM staff will be available to assist with the design or facilitation of these exercise activities. Elected officials and their key staff should also participate in training and exercise activities so they will be prepared when an influenza pandemic occurs.

To practice social distancing, some drills should include employees connecting to City computer systems and departmental applications from home. Other activities that should be practiced in a drill or discussed in a tabletop exercise include testing call down lists, impact reporting, and absence reporting.

Following training, drills and tabletop exercises, a City-wide exercise shall be conducted to test the role of the EOC, the SDRRP and ESFs during a pandemic. This exercise shall also provide a platform for testing department COOP plans as they relate to a pandemic. OEM will take the lead for this exercise which should be conducted within two years of the adoption of this Annex.

This City-wide exercise also provides an excellent opportunity to engage external stakeholders in the testing of their pandemic plans, especially where they interface with the City's plans. The City, through OEM, should work with other jurisdictions,

private businesses, and non-government organizations, to make this City-wide exercise a multi-jurisdictional event. This participation will facilitate greater communication and collaboration among key stakeholders in preparing for an influenza pandemic.

Glossary of Terms

Following are definitions of terms and acronyms used in this Annex. This glossary also includes terms commonly associated with a pandemic or similar health incident.

Acute: Short-term, intense symptomatology or pathology, as differentiated from chronic. Many diseases have an acute phase and a chronic phase.

ALS: Advanced Life Support.

Antigen: Any molecule that is recognized by the immune system and that triggers an immune response, such as release of antibodies.

Antigenic Drift: Influenza viruses continuously undergo small genetic changes (referred to as "antigenic drift") that require development of new influenza vaccines from year to year.

Antigenic Shift: "Pandemic influenzas" result when strains undergo a more dramatic genetic change caused by genetic re-assortment (referred to as "antigenic shift").

Antiviral medication: Drug(s) that are used to prevent or treat a disease caused by a virus, by interfering with the ability of the virus to multiply in number or spread from cell to cell. Drugs with activity against seasonal influenza viruses include the neuraminidase inhibitors, oseltamivir and zanamivir and the adamanatanes, amantadine and rimantadine.

Asymptomatic: Without signs or symptoms of disease. May still have infection.

Avian (or bird) flu: Caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available.

CDC: Centers for Disease Control and Prevention. CDC is a U.S. Federal Agency within the U.S. Public Health Service of the U.S. Department of Health and Human Services.

Contact: People who have had close physical contact (less than one yard) or confined airspace contact with an infected person, within four days of that person developing symptoms. These are likely to include family members and/or other living companions, workmates (if in close contact situations or confined airspace environments), and some recreational companions. People, who have not been in close proximity nor have shared a confined airspace with a sick person within four days of that person developing symptoms, are not considered to be a contact. Note that the definition of a contact is likely to change once the nature of the pandemic strain is known.

Continuity of Government (COG): COG is the principle of establishing defined procedures that allow a government to continue its essential operations in case of catastrophic event. COG plans help prevent leaving a vacuum at any governmental

level in the aftermath of major disaster, which could lead to anarchy or to an unlawful assumption of authority.

Continuity of Operations (COOP): In the public sector, COOP planning typically emanates at the department or agency level and refers to the preparations and undertaken to ensure essential services are maintained in the case of catastrophic events.

EMS: Emergency Medical Service.

EOC: Emergency Operations Center, staffed on a 24 hour basis during an emergency.

Epidemic: An outbreak of infection that spreads rapidly and affects many individuals in a given area or population at the same time.

Epidemiology: The study of epidemics and epidemic diseases.

Febrile Respiratory Illness: Patients presenting with cough, and fever. Cough indicates contagion; fever indicates infection.

Flu: Another name for influenza infection, although it is often mistakenly used in reference to gastrointestinal and other types of clinical illness.

Flu Treatment Centers: Alternative sites set up to care for patients with pandemic flu. Schools, churches, public buildings set up through the public health authority or volunteer agencies to care for the sick.

Haz-Mat: Hazardous Materials.

H1N1: A strain of influenza type A virus that caused the pandemic infection of 1918 1919 and that continues to circulate in humans.

H5N1: A strain of influenza type A virus that moved in 1997 from poultry to humans. While the outbreak of this virus was rapidly contained, it produced significant morbidity and mortality in persons who became infected, probably from direct contact with infected poultry.

High-Risk Groups: Those groups in which epidemiological evidence indicates there is an increased risk of contracting a disease.

HomePack: Gloves, gowns, masks, sent home with the employee to allow travel to and from work, and to allow the employee to stay protected from infectious disease away from the work place.

Immunization: A procedure that increases the protective response of an individual's immune system to specified pathogens.

Incubation Period: The interval from exposure to an infectious organism and the onset of symptoms. For pandemic influenza, it is estimated to range from two to ten days.

Infection: Condition in which virulent organisms are able to multiply within the body and cause a response from the host's immune defenses. Infection may or may not lead to clinical disease.

Infectious: Capable of being transmitted by infection, with or without actual contact.

I.D.: Infectious Disease.

Influenza: A highly contagious, febrile, acute respiratory infection of the nose, throat, bronchial tubes, and lungs caused by the influenza virus. It is responsible for severe and potentially fatal clinical illness of epidemic and pandemic proportions.

Influenza type A: A category of influenza virus characterized by specific internal proteins and further sub-grouped according to variations in their two surface proteins (hem agglutinin and neuraminidase). It infects animals as well as humans and has caused the pandemic influenza infections occurring in this century.

Influenza type B: A category of influenza virus characterized by specific internal proteins. It infects only humans, causes less severe clinical illness than type A, and spreads in regional rather than pandemic outbreaks.

Influenza type C: A category of influenza characterized by specific internal proteins. It does not cause significant clinical illness.

LPAI: Low Pathogenic form of Avian Influenza. Classification of avian flu virus based on the severity of the resulting illness. Most avian flu strains are classified as LPAI and typically cause little or no clinical signs in infected birds. However, some LPAI virus strains are capable of mutating under field conditions into HPAI viruses.

Malaise: A feeling of unease, mild sickness or depression.

MCI: Mass/Multiple Casualty Incident.

Morbidity: Departure from a state of well-being, either physiological or psychological illness.

Morbidity Rate: The number of cases of an illness (morbidity) in a population divided by the total population during a specific time interval.

Mortality: Death, as in expected mortality (the predicted occurrence of death in a defined population during a specific time interval).

Mortality Rate: The number of people who die during a specific time period divided by the total population.

MSG: Medical Support Group, provides medical intelligence to public safety responders; links PHSKC-Epidemiology, regional hospitals, Hospital Control, ALS provider groups, regional fire departments, law enforcement, ambulance, and EOC's.

NIMS: National Incident Management System, a national incident management system that allows agencies of different disciplines and jurisdictions to work together during times of crisis or disaster.

N95/N100 Masks: NIOSH rated particulate masks.

Novel Influenza Virus Strain: A new strain of influenza A that has not previously infected humans, but has undergone genetic mutation or reassortment, and has developed the ability to cause illness in humans.

Pandemic: Referring to an epidemic disease of widespread prevalence around the globe; a worldwide outbreak of infectious disease; a virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person.

Pathogen: Any disease-producing micro-organism or material.

Pathogenesis: The natural evolution of a disease process in the body without intervention (i.e., without treatment). Description of the development of a particular disease, especially the events, reactions and mechanisms involved at the cellular level.

PEP: Post Exposure Prophylaxis medication.

PHSKC: Public Health, Seattle & King County.

PPE: Personal Protective Equipment. Respiratory protection, gloves, gowns, shields, eye protection.

Prophylaxis: A medical procedure or practice that prevents or protects against a disease or condition (e.g., vaccines, antibiotics, drugs).

PSA: Public Service Announcements.

Quarantine: The physical separation, including confinement or restriction of movement, of individuals who are present within an affected area or who are known, or reasonably suspected, to have been exposed to a communicable disease of public health threat and who do not yet show symptoms or signs of infection. Purpose is to prevent or limit the transmission of the communicable disease of public health threat to unexposed and uninfected individuals.

Respiratory hygiene (or pan flu etiquette): Personal practices or habits to decrease the transmission of diseases spread through respiratory secretions or airborne droplets or particles. Includes covering the mouth when coughing or sneezing, disposing of tissues, avoiding coughing or sneezing into hands, and washing hands or using hand-sanitizers.

Seasonal (or common) flu: A respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available.

S&S: Signs and Symptoms.

Surveillance, Influenza: The on-going systematic collection, analysis, and interpretation of disease activity and trend data for quickly detecting the introduction of a novel virus strain in King County and for quickly detecting outbreaks in order to facilitate early public health intervention.

TRP: Telephone Referral Project. A consulting nurse phone line that dispatchers may transfer some non-emergent medical calls to for further information and medical advice.

Vaccine: A substance that contains antigenic components from an infectious organism. By stimulating an immune response (but not disease), it protects against subsequent infection by that organism.

Virulent disease: Highly lethal diseases, e.g. Cholera, Diphtheria, Ebola virus disease, Hemorrhagic fever, Lassa fever, Leprosy, Marburg virus disease, Plague, Smallpox, Tuberculosis.

Virus: A group of infectious agents characterized by their inability to reproduce outside of a living host cell. Viruses may subvert the host cells' normal function, causing the cell to behave in a manner determined by the virus.

World Health Organization (WHO): A specialized agency of the United Nations generally concerned with health and health care.

Zoonoses: Diseases that are transferable from animals to humans.

Appendix A: Influenza History and Epidemiology[6]

Influenza is caused by a virus. What makes the disease especially challenging both to prevent and to treat is that the influenza virus is constantly changing or mutating. This usually results in minor changes (or "drifts") in the virus, which cause flu outbreaks every winter. A new vaccine is typically developed every year based on viral strains identified through world-wide disease surveillance. But when the virus undergoes a major change (or shift), a high proportion of the population has little or no immunity. This can cause serious illness and death in those who are infected; if the virus is transmitted efficiently from person-to-person, the conditions for a pandemic will exist.

Avian Influenza

New cases of H5N1 virus, better known as avian or bird flu, surface quite regularly now through much of Asia. Bird flu is now endemic in the bird population of some Asian countries. Domestic poultry flocks are especially vulnerable to infections that can rapidly turn to epidemics. During 2004-2005, confirmed poultry outbreaks occurred in South Korea, Japan, Cambodia, China, Indonesia, Laos, Vietnam, Thailand, and Malaysia.

At the same time, there has been a rapid evolution of H5N1 in wild migratory birds. These birds, moving from north to south, are spreading the disease from species to species. Bird migration networks could carry the virus around the world. The fact that the disease has now spread beyond domesticated birds means that it can no longer be eradicated by culling.

No one knows if H5N1 will become as virulent and contagious in people as it is in birds. What is known is that this flu virus is mutating and has a remarkable ability to evolve and jump species. Avian flu has now infected not only migratory birds, chickens and ducks, but has moved on to such mammals as pigs, tigers, and domesticated cats. And it is far more potent today than it was in earlier cases in 1977.

In many places in Asia, birds, pigs, and other mammals live in close proximity to people, allowing for the mixing and mutation of viruses, which is technically called "re-assortment" and "recombination". A potentially pandemic strain of influenza can occur through re-assortment as the genes between avian and human strains of influenza are mixed together or re-organized, which can occur during co-infection with both strains. The host for this co-infection might be pigs, which can support the growth of both avian and human viruses, or it might be humans.

Recently, a team of scientists discovered evidence suggesting that during the 1918 pandemic, the virus mutated on its own in birds, gaining the ability to spread from human to human, without mixing with another virus. The 1918 virus did not have a mammalian intermediary like the 1957 and 1968 viruses and was far more deadly. So far, the H5N1 virus is following an evolutionary path similar to the 1918 virus.

Of all influenza viruses that circulate in birds, the H5N1 virus is of greatest present concern for human health for two main reasons. First, the H5N1 virus has caused by

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[6] The content of this Appendix is drawn from the Seattle Fire Department Influenza Plan, July 27, 2006.

far the greatest number of human cases of very severe disease and the greatest number of deaths. It has crossed the species barrier to infect humans on at least three occasions in recent years: in Hong Kong in 1997 (18 cases with six deaths), in Hong Kong in 2003 (two cases with one death) and in outbreaks that began in December 2003 and were first recognized in January 2004.

A second implication for human health, of far greater concern, is the risk that the H5N1 virus – if given enough opportunities – will develop the characteristics it needs to be transmitted from person to person. The virus has thus far met all prerequisites for the start of a pandemic except the ability to spread efficiently and sustainably among humans.

All evidence to date indicates that close contact with dead or sick birds is the principal source of human infection with the H5N1 virus. Especially risky behaviors identified include the slaughtering, de-feathering, butchering and preparation for consumption of infected birds. In a few cases, exposure to chicken feces when children played in an area frequented by free-ranging poultry is thought to have been the source of infection. Swimming in water bodies where the carcasses of dead infected birds have been discarded or which may have been contaminated by feces from infected ducks or other birds might be another source of exposure. In some cases, investigations have been unable to identify a plausible exposure source, suggesting that some as yet unknown environmental factor, involving contamination with the virus, may be implicated in a small number of cases. Some explanations that have been put forward include a possible role of semi-domestic birds, such as pigeons, or the use of untreated bird feces as fertilizer.

At present, H5N1 avian influenza remains largely a disease of birds. The species barrier is significant: the virus does not easily cross from birds to infect humans. For unknown reasons, most cases have occurred in rural and peri-urban households where small flocks of poultry are kept. Again for unknown reasons, very few cases have been detected in presumed high-risk groups, such as commercial poultry workers, workers at live poultry markets, cullers, veterinarians, and health staff caring for patients without adequate protective equipment. Also lacking is an explanation for the puzzling concentration of cases in previously healthy children and young adults. Research is urgently needed to better define the exposure circumstances, behaviors, and possible genetic or immunological factors that might enhance the likelihood of human infection.

Clinical features of Avian Influenza

In many patients, the disease caused by the H5N1 virus follows an unusually aggressive clinical course, with rapid deterioration and high fatality. Like most emerging disease, H5N1 influenza in humans is poorly understood. Clinical data from cases in 1997 and more recent outbreaks are beginning to provide a picture of the clinical features of disease, but much remains to be learned. Moreover, the current picture could change given the propensity of this virus to mutate rapidly and unpredictably.

The incubation period for H5N1 avian influenza may be longer than that for normal seasonal influenza, which is around two to three days. Current data for H5N1

infection indicate an incubation period ranging from two to eight days and possibly as long as 17 days. However, the possibility of multiple exposures to the virus makes it difficult to define the incubation period precisely. WHO currently recommends that an incubation period of seven days be used for field investigations and the monitoring of patient contacts.

Initial symptoms include a high fever, usually with a temperature higher than 38°C, and influenza-like symptoms. Diarrhea, vomiting, abdominal pain, chest pain, and bleeding from the nose and gums have also been reported as early symptoms in some patients. Watery diarrhea without blood appears to be more common in H5N1 avian influenza than in normal seasonal influenza. The spectrum of clinical symptoms may, however, be broader, and not all confirmed patients have presented with respiratory symptoms. In two patients from southern Viet Nam, the clinical diagnosis was acute encephalitis; neither patient had respiratory symptoms at presentation. In another case, from Thailand, the patient presented with fever and diarrhea, but no respiratory symptoms. All three patients had a recent history of direct exposure to infected poultry.

One feature seen in many patients is the development of manifestations in the lower respiratory tract early in the illness. On present evidence, difficulty in breathing develops around five days following the first symptoms. Respiratory distress, a hoarse voice, and a crackling sound when inhaling are commonly seen. Sputum production is variable and sometimes bloody. Most recently, blood-tinted respiratory secretions have been observed in Turkey. Almost all patients develop pneumonia. During the Hong Kong outbreak, all severely ill patients had primary viral pneumonia, which did not respond to antibiotics. Limited data on patients in the current outbreak indicate the presence of a primary viral pneumonia in H5N1, usually without microbiological evidence of bacterial supra-infection at presentation. Turkish clinicians have also reported pneumonia as a consistent feature in severe cases; as elsewhere, these patients did not respond to treatment with antibiotics.

In patients infected with the H5N1 virus, clinical deterioration is rapid. In Thailand, the time between onset of illness to the development of acute respiratory distress was around six days, with a range of four to 13 days. In severe cases in Turkey, clinicians have observed respiratory failure three to five days after symptom onset. Another common feature is multi-organ dysfunction. Common laboratory abnormalities include leukopenia (mainly lymphopenia), mild-to-moderate thrombocytopenia, elevated aminotransferases, and with some instances of disseminated intravascular coagulation.

Limited evidence suggests that some antiviral drugs, notably oseltamivir (commercially known as Tamiflu), can reduce the duration of viral replication and improve prospects of survival, provided they are administered within 48 hours following symptom onset. However, prior to the outbreak in Turkey, most patients have been detected and treated late in the course of illness. For this reason, clinical data on the effectiveness of oseltamivir are limited. Moreover, oseltamivir and other antiviral drugs were developed for the treatment and prophylaxis of seasonal influenza, which is a less severe disease associated with less prolonged viral replication. Recommendations on the optimum dose and duration of treatment for

H5N1 avian influenza need to undergo urgent review, and this is being undertaken by WHO.

In suspected cases, oseltamivir should be prescribed as soon as possible (ideally, within 48 hours following symptom onset) to maximize its therapeutic benefits. However, given the significant mortality currently associated with H5N1 infection and evidence of prolonged viral replication in this disease, administration of the drug should also be considered in patients presenting later in the course of illness.

Currently recommended doses of oseltamivir for the treatment of influenza are contained in the product information at the manufacturer's Web site (**http://www.rocheusa.com/products/tamiflu/pi.pdf**.) Oseltamivir is not indicated for the treatment of children younger than one year of age.

As the duration of viral replication may be prolonged in cases of H5N1 infection, clinicians should consider increasing the duration of treatment to seven to ten days in patients who are not showing a clinical response. In cases of severe infection with the H5N1 virus, clinicians may need to consider increasing the recommended daily dose or the duration of treatment, keeping in mind that doses above 300 mg per day are associated with increased side effects. For all treated patients, consideration should be given to taking serial clinical samples for later assay to monitor changes in viral load, to assess drug susceptibility, and to assess drug levels. These samples should be taken only in the presence of appropriate measures for infection control.

In severely ill H5N1 patients or in H5N1 patients with severe gastrointestinal symptoms, drug absorption may be impaired. This possibility should be considered when managing these patients.

Appendix B: Pandemic Influenza Emergency Communications Strategy

The purpose of this appendix is to guide the communication efforts of the City of Seattle to educate and prepare City staff, residents, community and social service agencies, faith-based organizations, and business owners for an influenza pandemic. Effective and timely communication is critical before, during and after a pandemic.

This communications plan includes:

- A strategic framework for communication during an influenza pandemic, including the guiding principles and information approval process for all communications.

- Identification of key influencers and spokespersons and strategies for leveraging these parties to strengthen the City's communication plan.

- A high-level implementation plan that outlines key topics the City must address at each phase of a pandemic and the tools currently available for addressing those topics.

The "Pandemic Influenza Response Plan Public Health -- Seattle & King County" also provides guidance on communications (Sections VIII C and F in Version 13) and related issues. A copy of the current version of the PHSKC plan is available at **http://www.metrokc.gov/health/pandemicflu/plan/panflu-response-plan.pdf**

Scope

The Communications Plan addresses a number of areas critical to successful public and stakeholder communications before, during and after a pandemic. The plan identifies core goals, objectives, strategies, key messages and audiences, key spokespersons, approval processes, media relations and evaluation common to all pandemic periods. It describes specific actions required during the pandemic alert, pandemic, and post-pandemic periods.

The information needs of internal and external stakeholder audiences in each phase are identified and appropriate messages and information products are described for each. Risk (or crisis) communications principles are incorporated in each phase.

Objectives

The objectives of the City's Pandemic Influenza Communications Strategy are as follows:

- To establish a broad network for disseminating information during all phases of a pandemic;

- To provide clear, accurate messaging to all audiences during all phases of the pandemic;

- To communicate transparently, accurately, and in a timely manner through a variety of methods to reach all audiences.

Guiding Principles

To help ensure high quality, credible communications, messaging for the pandemic will be driven by the following general principles:

- Messaging will be informed by research so information is accurate and credible.

- Information will be timely to help ensure that it is trustworthy and helpful.

- All strategies employed will leverage the reach and resources of key influencers to ensure that information is provided to all City staff and Seattleites, including non-English speakers and those with other communication challenges.

- Strategies will use existing communication channels and protocols wherever possible to reduce confusion and maximize efficiency.

- Messages and delivery strategies will be developed through broad collaborations of internal and external stakeholders to ensure that adequate attention is given to the diversity of audiences the City must reach.

- Employee communications will complement departmental Continuity of Operations (COOP) plan messaging.

Appropriate risk communication considerations should be applied before, during and after any major crisis. Effectively communicating complex, scientific or technical information can improve public responses. In this regard, the City will strive to:

- Provide information that is relevant and easily understood.

- Provide information that is specific to the potential threat including, to the greatest extent possible, the nature of the threat, when and where it is likely to occur, over what time period, and guidance on actions to be taken.

- Protect the credibility of the agencies providing information by being honest and direct.

- Avoid over-reassuring or underestimating risk.

- Show empathy; acknowledge fear and hardship.

- Advise people about what they can do to prevent infection or otherwise help.

- Ensure consistency with response partners.

Information Approval Process

Public Health Seattle & King County (PHSKC) serves as the lead agency in King County for risk communications messaging and public education regarding the medical aspect of and medical response to an influenza pandemic. Prior to the activation of the City's Emergency Operations Center (EOC), PHSKC will follow its standard internal information development and approval process as the primary focus is on what residents and businesses need to do to prepare for a pandemic including pandemic health etiquette. The City of Seattle through the ESF 15 Lead will coordinate with PHSKC to ensure consistency of communications and education messaging regarding pandemic influenza on any information the City disseminates internally (to staff and managers) or externally (as part of neighborhood preparedness process, faith-based groups, etc.)

When an emergency has been proclaimed, the PHSKC information management process will be revised. Information will then be forwarded to the Seattle EOC and other EOCs that have been stood up for incorporation into their communications processes based on the requirements of the EOCs.

Figures B-1, B-2, and B-3 depict the public education/public information process before and after EOC activation.

- Public Health Subject Matter Experts
- PIOs
- WA State Department of Health
- CDC
- FRP
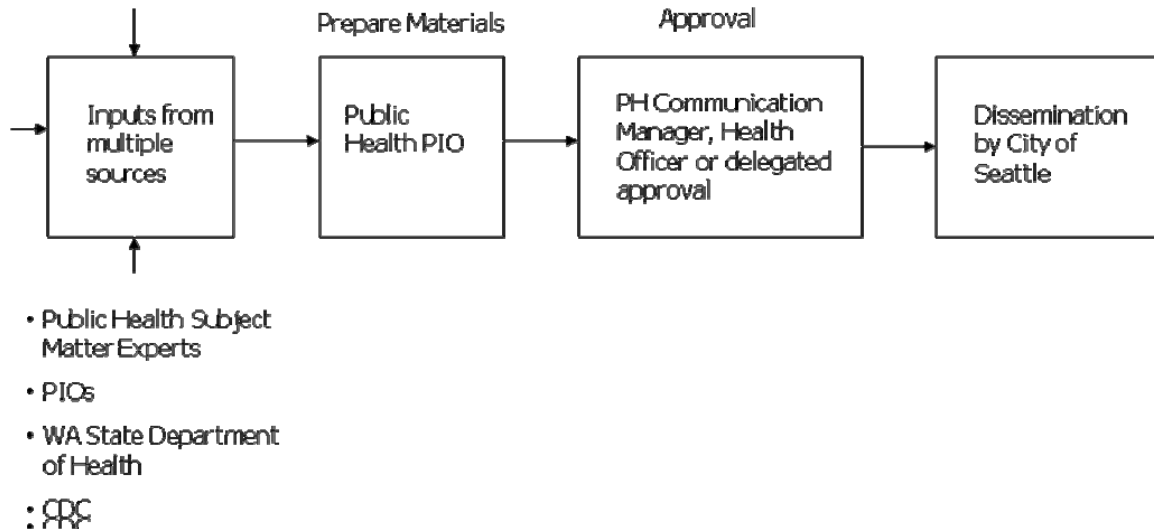
Figure B-1: Communication Flow During Inter-Pandemic Period through Phase 3 of Pandemic Alert (Prior to Activation of City's EOC)

- Incident Commanders
- EOC Director
- Media
- Field PIOs
- Health Dept
- Status of essential services
- Enforcement-related messages

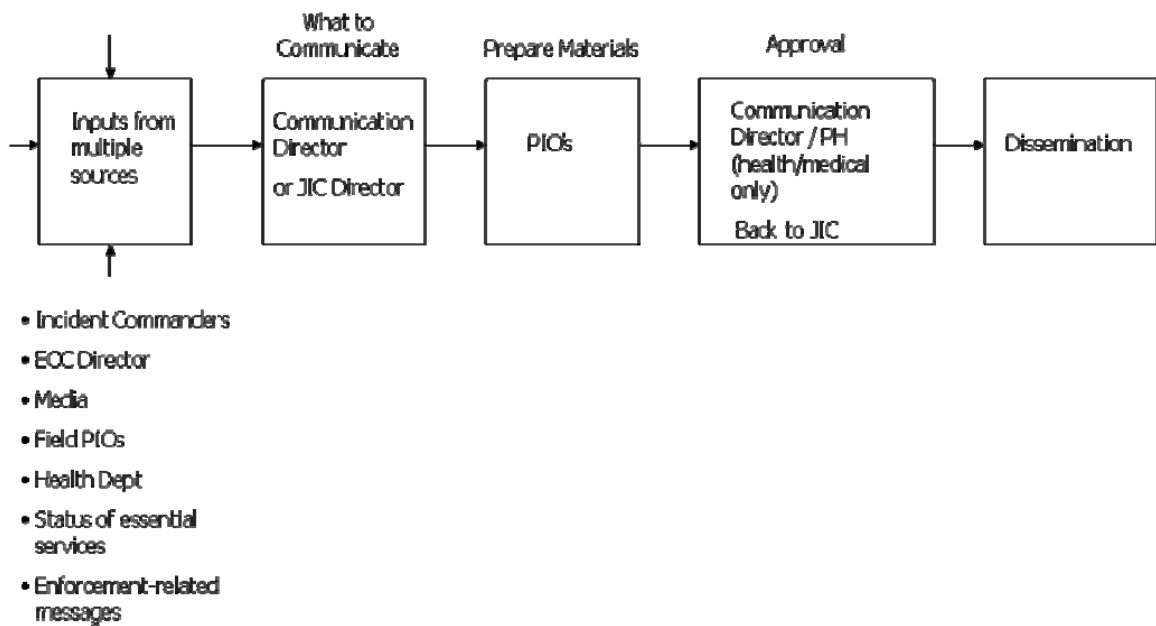**Figure B-2. Communication Flow During Phase 4 of Pandemic Alert through Recovery (after activation of City's EOC)**
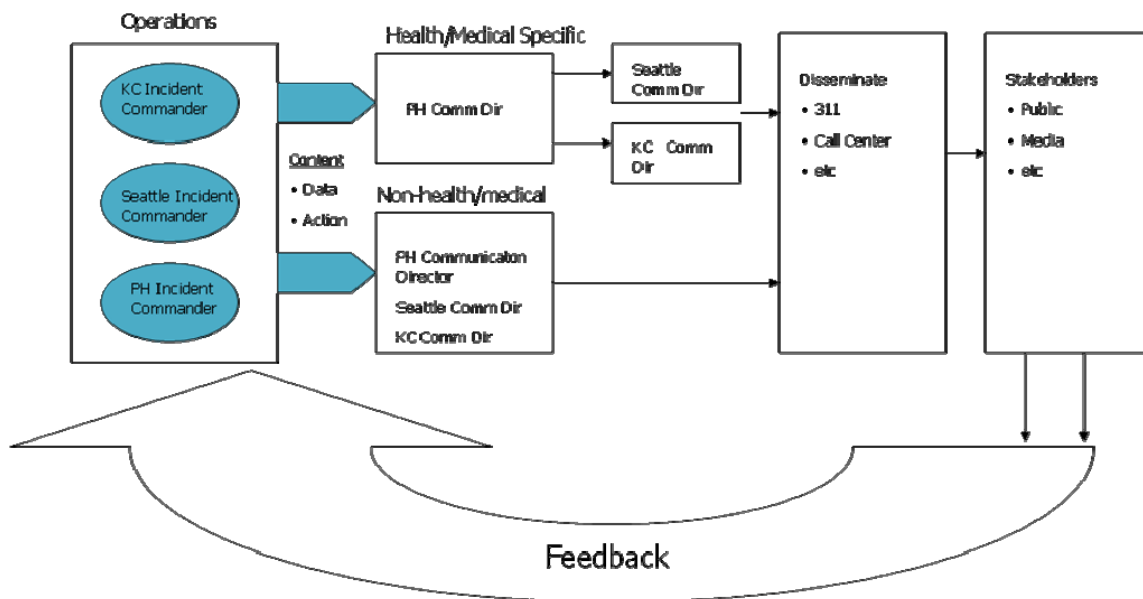

Figure B-3: Health and Non-Health Information Flows

Planning and Preparedness

Communication planning and preparedness for an influenza pandemic is of paramount importance. Because communications in this context are complicated by overlapping authorities, multiple perspectives, multiple stakeholders, and the threat of dire consequences, including loss of life, key issues must be resolved during the early stages when staff and stakeholders are more available for deliberations and development work. The City, in collaboration with King County and PHSKC, must complete the following communications tasks:

- Determine intra- and inter-agency communications roles. A pandemic is distinguished by both medical and emergency management messages that must be communicated throughout the incident, often by different spokespersons representing different organizations. All stakeholders in the process must determine:

    - ✓ Who is responsible for final approval of the content?
    - ✓ How is content vetted for both technical accuracy and psychosocial impacts?
    - ✓ Who needs to be involved in the internal review?
    - ✓ Who is the primary spokesperson?
    - ✓ How do responsibilities change once an emergency is proclaimed?

    The consensus and approval of the Mayor, King County Executive, and Local Health Officer on these processes is important to a successful outcome.

- Develop and disseminate internal and external public education and public information materials through multiple communications channels. This includes:

    - ✓ Translating into other languages suitable for all City residents.
    - ✓ Customizing where necessary for special needs populations.
    - ✓ Following up to ensure communications have been effective.

- At the outset, proactively build and maintain relationships with critical community partners and purveyors of information to Seattleites, including the media, City agencies, other governmental agencies, non-profit and community organizations, elected officials, unions, faith-based organizations, representatives of vulnerable populations and other advocacy groups, the health care community, businesses, and others in the private sector.

- Train key staff and elected officials in crisis communications and the criticality of maintaining credible communications.

- Participate in tabletop and other exercises, drills, and inter-agency discussions to strengthen readiness. Practice emergency communications scenarios with personnel from other City agencies and public sector partners in multiple drills and real-life situations.

- Review and revise where needed emergency management plans to facilitate a fast transition to emergency communications roles when a pandemic occurs.

- Prepare basic template/draft scripts, public service announcements, press releases, fact sheets, and talking points, and vet those with stakeholders in advance of the pandemic.

- Pre-test emergency materials and messages.

- Build trust by regularly communicating with partners and stakeholders who can help with emergency information dissemination.

Key Influencers

Key influencers play a critical role in helping the City prepare for a pandemic and in informing and preparing their own stakeholders and communities. These key influencers are:

- City elected officials, especially the Mayor;

- Public Health representatives and the larger medical community;

- Senior department leadership staff (agency heads, division leaders);

- Labor partners (business representatives, shop stewards);

- Church and other faith-based organization leaders;

- Leaders in non-English speaking communities;

- Community service providers;

- Business associations;

- Daycare and childcare providers.

The City should plan to leverage these key influencers to assist in communicating critical information to Seattle residents, business owners, and staff about the influenza pandemic and how to respond to it. In the early communication stages of an influenza pandemic, key influencers can play a vital role in informing and assisting their own clients and stakeholders to prepare. During the later stages, their equally critical role will be to dispel rumors and misinformation, provide leadership, hope and emotional support, and encourage and reinforce community-sustaining behaviors.

Figure B-4 shows key influencers in the City of Seattle.

Daycare and
Childcare Providers

Media

Family Members

Other Community
and Health Providers

Clubs and Other
Social Groups

Seattle Residents
and City Staff

Schools

Businesses

Churches

Pharmacists

Private Social Service
Agencies

Community Leaders
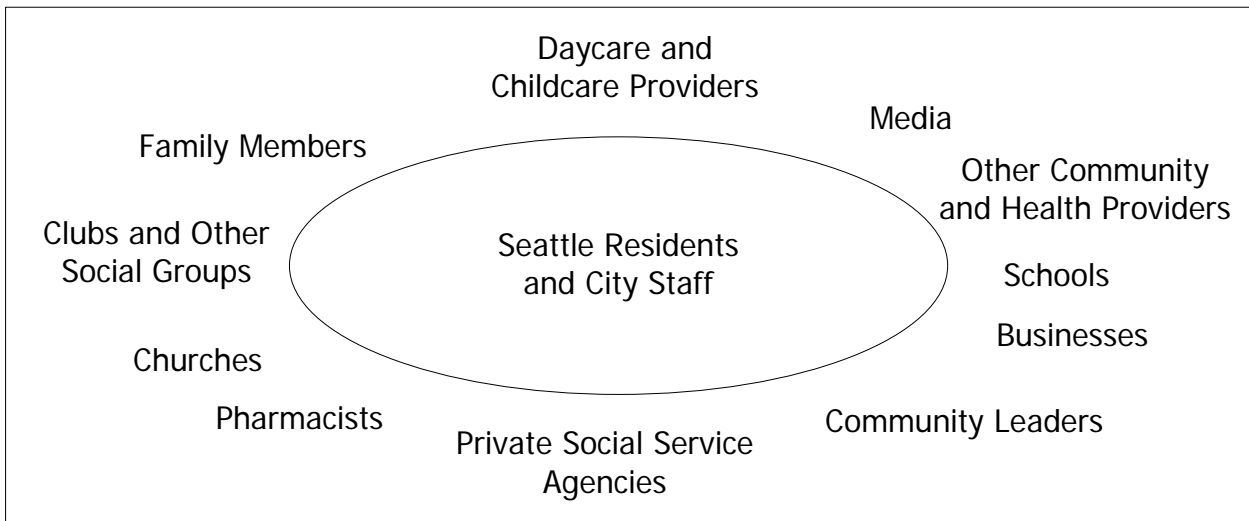
Figure B-4: Key Influencers

Key influencers can help stakeholders, including Seattle residents and City staff, to:

- Recognize the severity of the crisis and its consequences.
- Understand the importance of adhering to prevention and mitigation measures.
- Initiate and maintain a rational response.
- Support medical, community and other primary responders.

Critical Messaging

During a pandemic, the City, in collaboration with King County, PHSKC, and key influencers, must communicate three critical messages:

- What PHSKC and the City of Seattle and others in the region are doing to reduce illness and death and minimize societal disruption;
- What the City of Seattle is doing to monitor and maintain essential services for City agencies and in support of key businesses and neighborhood needs;
- What the public can do to reduce illness and death and minimize societal disruption.

For example, Public Health currently provides timely and helpful information and advice about how individuals can protect their own health and what to do if they, family members, or others become ill. If a pandemic is proclaimed, the City of Seattle will provide timely information on the status of essential City services and how the City is working to help citizens and businesses during this crisis.

Key Spokespersons

PHSKC leadership (the Director of Public Health, the Director of Communicable Disease Control, or comparable PHSKC health authorities) shall be the spokespersons around all health and medical aspects of a pandemic. In that regard,

they shall provide information directly to consumers as well as to key influencers, including the City of Seattle.

As the chief elected official in the City of Seattle, the Mayor, or his/her designee, shall provide information to citizens, employees, and business owners on the status of essential City services and on what the City is doing to help Seattle prepare for and respond to a pandemic. City directors and managers shall use this information both internally with their staff and labor representatives and externally with other key stakeholders in support of the overall public education and information process.

Influencer Strategies

While the City's communications process identifies the primary spokespersons, messaging will not be effective unless it is reinforced by key influencers. Each day consumers are bombarded by 10,000 to 30,000 commercial messages that they skillfully tune out. Instead they rely more on the people they trust for advice — influencers — to help them make decisions.

Table B-1 outlines objectives for engaging the assistance of each of the key Influencer Groups in supporting the communications strategy. The City of Seattle, PHSKC, and King County must work together to engage key influencers. Coordinated efforts will ensure consistency of messages, minimize confusion and make the best use of community partners' time. It also includes the recommended messaging and approach for each group.

Table B-1: How to engage key influencers

Influencer Group	Objectives	Messages	Approach
City Agencies and Elected Officials	Clarify operational responsibilities. Ensure that communications channels are two-way. Mobilize resources to maintain essential services.	Here is the situation status. Here is what we need you to do to help us respond. Your stakeholders will be looking to you for input/direction. You are crucial. Tell us what you need.	Communications at Cabinet level followed up by DMC. Brief key Council members and other separately elected officials. Provide checklists that stress the importance of hand hygiene and cough etiquette. Provide other tools to help with communications. Test communications and distribution channels. Solicit feedback from influencers to confirm that messages are effectively reaching people.
Community Service Providers	Equip them with information related to medical aspects of a pandemic. Work with them on their COOP issues, particularly where there is a funding relationship with the City. Equip them to provide consistent information. Provide reassurance and minimize panic.	Here is the status of the situation. You are crucial in helping to get our communities prepared, especially for those individuals who depend on your organization. Are you prepared or are there places you need support from the City or other governmental agencies?	Provide outreach through the most expeditious means – could be phone calls to individuals, small group meetings and forums. Provide communications tools (bulletins, flyers, etc.) Distribute information in Seattle's dominant languages and other formats to meet the needs of Seattle's diverse communities and vulnerable populations. Provide information on basic influenza hygiene.

Influencer Group	Objectives	Messages	Approach
			Stress the importance of family and neighborhood preparedness.
Labor Partners	Equip them with information related to medical aspects of a pandemic. Equip them to provide consistent information. Minimize panic. Address personnel policies through appropriate channels.	Here is the status of the situation. We understand your members will be under a great deal of stress. We want to support them while they help maintain essential services. Your stakeholders will be looking to you for input/direction. Prepare for changes in workforce policies. You are crucial. Tell us what you need.	Provide outreach through personal 1:1 meetings. (Avoid e-mail, try for face-to-face meetings.) Provide communications tools. Provide information on basic influenza hygiene. Stress the importance of family and neighborhood preparedness.
Business Associations	Raise awareness of the likelihood and impact on their business. Identify areas of appropriate City support. Encourage continuity planning.	Here is the status of the situation. The threat of a pandemic is real. It's not if, but when and how bad. Especially for small businesses, this presents a significant threat to your viability. Workplaces are a key information channel for people. Workplaces cannot give mixed messages about the threat and response.	Develop specific public information for businesses. Distribute information in Seattle's dominant languages and other formats to meet the needs of Seattle's diverse communities and vulnerable populations. Enlist the support and leadership of the Chambers of Commerce. Maintain two-way communication channels. Work through business oriented communications channels to help spread the word.

Influencer Group	Objectives	Messages	Approach
Media	Educate and inform around the basics of current pandemic threat. Share with them how and what type of information will be released by pandemic phase. Provide them with adequate materials from a single, reliable source. Provide them with timely, accurate information.	Here is the status of the situation. You are a critical lifeline between us and the community. Your good reporting will help ensure citizens understand what's going on, what they can do to protect themselves, and what the City is doing. Let's work out the best ways we can communicate with each other during this time. We need you to help remind people what's coming and how to prepare for it. Please let us know if there are ways we can make our messages more accessible and clear and make your job easier. What do you need?	Meet with key staff and editorial boards – broadcast outlets will be absolutely critical due to their ability to provide live, unedited messages directly from the City. Target health writers and get them on board early. Give 24-hour access to key spokespersons. Provide reporters with list of credible information sources (e.g. good Web sites) Develop pre-planned materials to help with timely and consistent communications. Establish a regular daily news conference schedule to provide information updates and reinforce key messages and safety tips. Ensure "live" broadcast reporting is technically feasible at the news conference location. Prep all spokespersons by conducting dry runs prior to news conferences. Ensure key messages are captured in writing and given to all spokespersons. Correct significant inaccuracies right away but don't nitpick.

Influencer Group	Objectives	Messages	Approach
Churches and Other Faith-Based Organizations	Educate and inform around the current pandemic threat. Talk with them about how their parishioners or practitioners will need emotional/spiritual support. Talk with them about their role in maintaining social stability. Maintain two-way communication with their leadership.	Here is the status of the situation. You are crucial in helping to get our communities prepared, especially for those individuals who depend on your organization. You can help people remain calm and stable during times of great stress. Are you prepared or are there places you need support from the City or other governmental agencies?	Provide communications tools and content for bulletins and other announcements. Provide information on basic influenza hygiene. Distribute information in Seattle's dominant languages and other formats to meet the needs of Seattle's diverse communities and vulnerable populations. Stress the importance of family and neighborhood preparedness.
Seattle Community Leaders	Educate. Establish trust. Encourage appropriate responses. Help people cope. Encourage preparedness.	Here is the status of the situation. Take essential hygiene precautions. Prepare to stay at home. Prepare for dramatic changes to health care. Respond to medical directives. Our elected leaders in Seattle, King County and in other jurisdictions have taken this issue seriously. It is very important to become educated so you will know what to expect and how you need to respond. How we all prepare and respond can influence outcomes. City government and	Meet one-on-one with key community leaders. Call them if you don't have time or it's not advisable to meet in person. Build PHSKC credibility – they are a recognized leader in pandemic planning and response. Respond immediately to misinformation. Develop multi-media campaigns, including easy-to-use City and community based Web sites. Distribute information in Seattle's dominant languages and in other formats to meet the needs of Seattle's diverse communities and vulnerable populations.

Influencer Group	Objectives	Messages	Approach
		health officials have been planning for this pandemic for several years. City departments have plans in place to maintain essential services. Those plans are tested to help ensure they work.	

Phasing of Key Messages

Each phase of a pandemic or cycle of pandemics will require a different emphasis in terms of the messages the City conveys. **Table B-2** offers a summary of the key messages to be delivered during each phase. All messages should adhere to risk communications principles.

Table B-2: KEY MESSAGES BY PANDEMIC PHASE

INTER-PANDEMIC		PANDEMIC ALERT	PANDEMIC	RECOVERY
We have been planning for a pandemic. We are preparing with business and neighborhood groups. We are taking this issue seriously. Our actions can affect the outcomes. City government is working hard to maintain essential services.	Public information has been prepared. We have prepared and disseminated a great deal of information for residents and businesses. We're responding to myths and rumors with facts.	Our preparations need to continue. We all must be responsive. We have responsibilities to our families, community, and our workplaces. Being prepared will lessen the impact.	Acknowledge loss of life and other hardships. We need to look after one another. Continue to follow directions from leaders. Maintaining public order is critical.	We must asses the initial impacts and prepare for next wave Full recovery will take a long time Social service and faith-based organizations are critical We are working to support businesses

Message Topics and Audience by Phase

The delivery of key messages can best be accomplished by a clear understanding of the topics that must be addressed at each phase in a pandemic and the audiences to whom those topics should be directed.

The four key phases of a pandemic are as follows:

Inter-Pandemic is the time period when there has been very limited or no human-to-human transmissions of the novel virus, however, it is present in animals. During the Inter-Pandemic Period, the City must focus on informing its workforce, the unions that represent its workforce, and citizens and businesses about pandemic influenza personal and workplace preparedness.

The **Pandemic Alert Period** starts with the onset of human infection of a new subtype and concludes with large clusters of localized infections, suggesting the virus is not yet fully transmissible. During the alert time period, the City must focus on informing its workforce and the unions that represent its workforce about pandemic influenza health information and workplace preparedness.

The **Pandemic Period** occurs when increased and sustained human transmission occurs in the general population. At this phase, pandemic influenza emergency measures would be instituted by the Seattle Mayor and/or King County Executive, and the King County Health Officer would provide direction and a date regarding the implementation of social distancing measures or other public health orders. These events may correspond. The first confirmed case in North America could trigger a similar response.

During this stage, the City of Seattle must focus on informing its workforce and the unions which represent its workforce and external constituencies about pandemic Influenza and infection control measures and workplace staffing, compensation and benefits.

Recovery is the time period when the local health care system is handling the load with its own resources and no alternative health care facilities are needed; when the trend of new pandemic influenza cases is consistently receding; when the King County Health Officer provides direction that social distancing measures are no longer needed; and when most employees have returned to work. During Recovery, the City must focus on informing its workforce, the unions which represent its workforce, and citizens and businesses about continued personal health and preparedness and resuming Inter-Pandemic City service levels.

Table B-3 provides a summary of topics by phase and audience.

Table B-3: Pandemic Communication Topics

PHASE	TOPICS FOR GENERAL PUBLIC	TOPICS FOR CITY EMPLOYEES
Inter-Pandemic Period	Pandemic influenza history, overview and response. Healthy behaviors that are effective in limiting the spread of respiratory illnesses. Preparedness steps: ✓ Prepare to get by at home for at	Department/Division leadership lines of succession. Identification of essential services. Compensation and employee pay policies. Benefit plan changes.

PHASE	TOPICS FOR GENERAL PUBLIC	TOPICS FOR CITY EMPLOYEES
	least one week, ideally longer. ✓ Stock up on food, water, medicine, and other supplies. ✓ Make plans for child care if schools and daycares close. ✓ Know work policies for sick leave and working from home.	Social distancing. Temporary suspension of some collective bargaining agreement provisions. Work rules, including alternative work schedules, telecommuting, and others. Remote access and technical support. Leave administration. Employee Assistance Program.
Pandemic Alert Period	Explanation of change in alert phase. Pandemic influenza overview and response. Healthy behaviors that help to limit the spread of flu. Use of City's plan including continual attention to the circumstances by City leaders. Prepare for changes: ✓ School/daycare closures. ✓ Social distancing. ✓ Health care access and standards of care. ✓ Caring for ill at home.	Social distancing. Work rules, including alternative work schedules, telecommuting, and others. Remote access and technical support. Administration of volunteers (e.g. identification of functions where volunteers could complement City resources with initiatives such as neighborhood preparedness). Compensation and employee pay policies. Leave administration. School and day-care closures. Family care plans and options. Lines of succession. Temporary suspension of some Collective Bargaining Agreement provisions. Mask guidance.
Pandemic Period	Proclamation of a pandemic influenza emergency. Use of City's plan including continual attention to the circumstances by City leaders. Explanation of change in Alert Phase.	Direction for the implementation of social distancing. Temporary suspension of some Collective Bargaining Agreement provisions. Work rules, including alternative work schedules, telecommuting, and others.

PHASE	TOPICS FOR GENERAL PUBLIC	TOPICS FOR CITY EMPLOYEES
	Alternate health care sites.	Staff redeployment.
	Antiviral medication distribution.	Hiring contingent or temporary workers.
	Pandemic influenza information and prevention.	Administration of volunteers.
	Healthy behaviors that help to limit the spread of flu.	Facility closure/reduction in force.
	Use of public transportation.	Compensation and employee pay policies.
	Bereavement and mental health support services.	Benefit plan changes.
	Social distancing measures.	Leave administration.
	Mortuary services.	School and daycare closures.
	Caring for ill at home.	Discipline for conduct including unauthorized absences.
	Role of law enforcement.	Life insurance and other survivor benefits.
	Role of Medic 1/9-1-1.	
Recovery Period	Statement that pandemic influenza emergency is ending.	Identification of City functions which may be brought back into full service.
	Preparation for recurrences.	Employee return-to-work instructions.
	Normal availability of local health care system.	
	Pandemic influenza prevention techniques.	
	Healthy behaviors that help to limit the spread of flu.	
	Bereavement and mental health support services.	

The following sections identify the specific topics that the City, in collaboration with the County and PHSKC, must communicate to various audiences during each phase or time period of the influenza pandemic, and the communication tools that are available for each topic.

TIME PERIOD 1: INTER-PANDEMIC PERIOD

A. PANDEMIC INFLUENZA OVERVIEW AND PERSONAL PREPAREDNESS

During the Inter-Pandemic Period, the City shall inform employees, citizens, and businesses about pandemic influenza, including information as to the potential threat that it poses locally and globally. Informational communications should emphasize how a severe pandemic may affect family life and business activities, and should provide information on the steps that individuals may take to increase their preparedness.

The following communication topics have been identified:

1.   **Topic:** Pandemic influenza history, overview and response

   Audience: All

   Communication Tool(s): Pandemic Influenza DVD presentation by Dr. Jeff Duchin, Chief of Communicable Disease for Public Health – Seattle & King County **http://www.metrokc.gov/health/pandemicflu/multimedia**

   Preventing the Spread of Flu
   http://www.metrokc.gov/health/pandemicflu/prepare/prevention.pdf

   How to Care for Someone with the Flu
   http://www.metrokc.gov/health/pandemicflu/prepare/care.htm

   Appendix E: Personal and Workplace Hygiene

   "Pandemic Flu Personal and Family Planning Checklist"
   http://www.metrokc.gov/health/pandemicflu/prepare/checklist.htm

   "Mask Usage Guidance"
   http://www.metrokc.gov/health/pandemicflu/businesses/masks.htm

   King County Health Matters "Pandemic Influenza: Not Your Ordinary Flu"
   http://www.metrokc.gov/health/pandemicflu/health-matters-panflu.pdf

   Status: Developed; other tools may be developed

2.   **Topic:** Healthy behaviors that are effective in limiting the spread of respiratory illnesses

   Audience: All

   Communication Tool(s): "Stop Germs" campaign and materials: **www.metrokc.gov/health/stopgerms**, radio, television and movie theater public service announcements, internal and external bus

advertisements, and posters translated into six languages throughout
Seattle and King County

"Preventing the Spread of Influenza"
http://www.metrokc.gov/health/pandemicflu/prepare/prevention.htm

Status: Developed

3. **Topic:** Employee Assistance Program referrals

   Audience: All employees

   Communication Tool(s): The Wellspring Family Services EAP, the City
   of Seattle's EAP provider, Web site: **http://info.wfseap.org/**. See specific
   information about pandemic flu, family planning and business planning.

   Status: Developed; other tools may be developed

B. WORKPLACE PREPAREDNESS

City leadership shall inform managers and employees about how City operations may
change in order to provide essential services, should an influenza pandemic occur.
Managers, employees and the unions that represent employees shall be informed
that their specific roles and responsibilities may change temporarily in the context of
the City's emergency response, and their potential operational responsibilities shall
be explained.

The following communication topics have been identified:

1. **Topic:** Department/Division leadership lines of succession

   Audience: Managers

   Communication Tool(s): Departmental Continuity of Operations (COOP)
   plans

   Status: Developed; may be revised; other tools may be developed

2. **Topic**: Identification of essential services

   Audience: Managers

   Communication Tool(s): Appendix G: Essential Services

   Status: Developed

3. **Topic:** Compensation and employee pay policies

   Audience: Managers, employees, and business representatives

Communication Tool(s): <u>Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines</u>

Status: Under development

4. **Topic**: Social distancing (Techniques to decrease close contact between people to reduce the spread of disease)

   Audience: All employees and unions, external audiences where appropriate

   Communication Tool(s): Department distribution of "Guidance for Non-Health Care Employees on Social Distancing in the Workplace during an Influenza Pandemic," Public Health – Seattle & King County (February 2007) (see Attachment B-1); "Social Distancing and Pandemic Information Telephone Script" (see Attachment B-2)

   Status: Guidance developed; other tools may be developed

6. **Topic**: Temporary suspension of collective bargaining agreement provisions to staff and administer the functions of a department, division and/or work unit

   Audience: Managers and unions

   Communication Tool(s): Meetings with unions and department managers; department distribution of **<u>Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines</u>**; City of Seattle Mayoral proclamation of a City emergency and resulting directives

   Status: Partially developed; other tools may be developed

7. **Topic**: Work rules, including alternative work schedules, telecommuting, out of class assignments and rescission of approved leave

   Audience: Managers

   Communication Tool(s): <u>Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines</u>

   Status: Under development; other tools may be developed

8. **Topic**: Technological communication of the steps which must be taken in order to address the remote network communication needs, access to key business applications, as well as end user support of employees who are anticipated to work at home in the event of a pandemic influenza emergency

   Audience: Managers

Communication Tool(s): Appendix K: Pandemic Influenza Emergency IT Plan

Status: Developed; may be revised; other tools may be developed

9. **Topic:** Leave administration, including sending ill employees home, family medical and sick leave, return to work authorization and leave donation

Audience: Managers

Communication Tool(s): Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines

Status: Under development; other tools may be developed

TIME PERIOD 2: PANDEMIC ALERT PERIOD

A. PANDEMIC INFLUENZA HEALTH INFORMATION AND PERSONAL PREPAREDNESS

The City shall inform its workforce and others as required that a worldwide pandemic influenza alert has been issued and that a pandemic influenza emergency is expected. Managers and employees will be informed about influenza prevention techniques.

The following communication topics have been identified:

1. **Topic**: World Health Organization explanation of the change of the "Pandemic Alert" phase

Audience: All employees, external stakeholders as needed

Communication Tool(s): Pandemic Flu
http://www.metrokc.gov/health/pandemicflu

Status: Developed; may be revised; other tools may be developed

2. **Topic**: Pandemic influenza overview, response and changes in health care systems

Audience: All employees, external stakeholders as needed

Communication Tool(s): Pandemic Influenza DVD presentation by Dr. Jeff Duchin, Chief of Communicable Disease for Public Health – Seattle & King County **http://www.metrokc.gov/health/pandemicflu/multimedia**

Preventing the Spread of Flu
http://www.metrokc.gov/health/pandemicflu/prepare/prevention.pdf

How to Care for Someone with the Flu
http://www.metrokc.gov/health/pandemicflu/prepare/care.htm

"Pandemic Flu Personal and Family Planning Checklist"
http://www.metrokc.gov/health/pandemicflu/prepare/checklist.htm

"Mask Usage Guidance"
http://www.metrokc.gov/health/pandemicflu/businesses/masks.htm

King County Health Matters "Pandemic Influenza: Not Your Ordinary Flu"
http://www.metrokc.gov/health/pandemicflu/health-matters-panflu.pdf

Appendix E: Personal and Workplace Hygiene

Status: Developed; other tools may be developed

3. **Topic**: Healthy behaviors that are effective in limiting the spread of respiratory illnesses

Audience: All employees, external constituencies

Communication Tool(s): "Stop Germs" campaign and materials at **www.metrokc.gov/health/stopgerms**; radio, television and movie theater public service announcements; internal and external bus advertisements; and posters translated into six languages throughout Seattle and King County.

"Preventing the Spread of Influenza"
http://www.metrokc.gov/health/pandemicflu/prepare/prevention.pdf

B. WORKPLACE PREPAREDNESS

During the Pandemic Alert Period, the City shall inform managers, employees and the unions which represent its employees about how City operations will change in order to provide essential services while confronted with reduced resources. Managers and employees will be informed as to their actual operational responsibilities in the context of the City's emergency response and how their normal roles and responsibilities will change. Communications shall continue with citizens, business owners, community groups and faith-based organizations.

The following communication topics have been identified:

1. **Topic:** Social distancing

Audience: All employees

Communication Tool(s): Department distribution of "Guidance for Non-Health Care Employees on Social Distancing in the Workplace During an Influenza Pandemic," Public Health – Seattle & King County (February 2007) (see Attachment B-1)

http://www.metrokc.gov/health/pandemicflu/prepare/prevention.pdf

"Social Distancing and Pandemic Information Telephone Script" (see Attachment B-2)

Departmental COOP plans

Status: Guidance developed; other tools may be developed

2.   **Topic**: Work rules, including alternative work schedules, telecommuting, special duty assignments and rescission of approved leave

Audience: All employees and unions

Communication Tool(s): **Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines**

Status: Under development; other tools may be developed

3.   **Topic:** Technology understanding of the steps which must be taken in order to address the remote network communication needs of employees who are anticipated to work at home in the event of a pandemic influenza emergency

Audience: Managers

Communication Tool(s): Appendix K: Pandemic Influenza Emergency IT Plan

Status: Developed; may be revised; other tools may be developed

4.   **Topic:** Administration of volunteers who may be utilized after departments have attempted to staff functions with employees

Audience: Managers

Communication Tool(s): Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines

Status: Under development

5.   **Topic:** Compensation and employee pay policies for City employees who may be asked to stay home from work

Audience: All employees and unions

Communication Tool(s): Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines

Status: Under development

6. **Topic**: Leave administration, including sending ill employees home, family medical leave, sick leave, return to work authorization and leave donation

    Audience: City directors and managers

    Communication Tool(s): **Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines**

    Status: Under development; other tools may be developed

7. **Topic**: Implementation of school and daycare closure as directed by the Seattle Mayor, King County Executive and/or King County Health Officer

    Audience: All employees, residents, business owners, community service providers, churches and other faith based organizations

    Communication Tool(s): Press releases, e-mail messages, Web sites, worksite document distribution/postings, telephone messaging systems

    Status: Will be developed

8. **Topic:** School and day care closure effects on employees necessitating family care plans

    Audience: All employees

    Communication Tool(s): **Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines**

    Status: Under development; other tools may be developed

9. **Topic:** Department/Division leadership lines of succession providing for predetermined alternates for key leadership positions in each department, division or work unit; lines of succession are three employees in depth per FEMA guidance

    Audience: All employees

    Communication Tool(s): Departmental COOP plans

    Status: Developed; other tools may be developed

10. **Topic:** Temporary suspension of Collective Bargaining Agreement provisions to staff and administer the functions of a department, division and/or work unit

    Audience: Represented employees unions

    Communication Tool(s): Labor relations meetings with unions and department managers; department distribution of **Appendix I: Pandemic**

Influenza Emergency Personnel Policies and Guidelines; and City of Seattle Mayor's proclamation of a City emergency and resulting directives.

Status: Under development; other tools may be developed; proclamation possible

TIME PERIOD 3: PANDEMIC PERIOD

A. PANDEMIC INFLUENZA INFECTION CONTROL MEASURES

During this stage, the City will inform its workforce, citizens and businesses that a pandemic influenza emergency has been proclaimed. The City will continue to provide information about influenza prevention techniques and health information to its workforce and the unions which represent it workforce.

The following communication topics have been identified:

1.   **Topic:** Proclamation of a pandemic influenza emergency by the Mayor of Seattle, King County Executive and/or the King County Health Officer

       Audience: All employees and unions

       Communication Tool(s): Press releases, e-mail messages, Web sites, worksite document distribution/postings, telephone messaging systems, newsletters, mass mailings

       Status: Draft developed; will be revised according to the situation; other tools may be developed

2.   **Topic:** World Health Organization explanation of the change of the "Pandemic" phase and what that means to City employees, residents, business owners, and others

       Audience: All

       Communication Tool(s): Press releases, e-mail messages and Web sites, including **http://www.metrokc.gov/health/pandemicflu**

       Status: Partially developed; may be revised; other tools may be developed

3.   **Topic:** Alternate health care sites may be available to provide health care to employees, their families, and City residents

       Audience: All

       Communication Tool(s): Press releases, e-mail messages and Web sites, including **http://www.metrokc.gov/health/pandemicflu**

Status: May be developed depending on the situation

4. **Topic:** Antiviral medication distribution; vaccine development and distribution

   Audience: All

   Communication Tool(s): Press releases, e-mail messages, and Web sites, including **http://www.metrokc.gov/health/pandemicflu**

   Status: Will be developed depending on the situation

5. **Topic**: Pandemic influenza information and prevention

   Audience: All

   Communication Tool(s): Pandemic Influenza DVD presentation by Dr. Jeff Duchin, Chief of Communicable Disease for Public Health – Seattle & King County **http://www.metrokc.gov/health/pandemicflu/multimedia**

   Preventing the Spread of Flu
   http://www.metrokc.gov/health/pandemicflu/prepare/prevention.pdf

   How to Care For Someone with the Flu
   http://www.metrokc.gov/health/pandemicflu/prepare/care.htm

   "Mask Usage Guidance"
   http://www.metrokc.gov/health/pandemicflu/businesses/masks.htm

   King County Health Matters "Pandemic Influenza: Not Your Ordinary Flu"
   http://www.metrokc.gov/health/pandemicflu/health-matters-panflu.pdf

   Appendix E: Personal and Workplace Hygiene

   Status: Developed; may be revised; other tools may be developed

6. **Topic**: Healthy behaviors that are effective in limiting the spread of respiratory illnesses

   Audience: All

   Communication Tool(s): "Stop Germs" campaign and materials at **www.metrokc.gov/health/stopgerms**; radio, television and movie theater public service announcements; internal and external bus advertisements; and posters translated into six languages throughout Seattle and King County.

   "Preventing the Spread of Influenza"
   http://www.metrokc.gov/health/pandemicflu/prepare/prevention.htm

Appendix E: Personal and Workplace Hygiene

Status: Developed; may be revised; other tools may be developed

7. **Topic:** Encourage the use of public transportation for essential travel only

   Audience: All

   Communication Tool(s): Press releases, e-mail messages and Web sites, including **http://www.metrokc.gov/health/pandemicflu**; **http://transit.metrokc.gov**

   Status: Will be developed

8. **Topic**: Bereavement and mental health support services

   Audience: All employees

   Communication Tool(s): The Wellspring Family Services EAP Web site: **http://info.wfseap.org/**

   Status: Developed; may be revised; other tools may be developed

B. WORKPLACE STAFFING, COMPENSATION AND BENEFITS

During this stage, the City will inform directors, managers, employees, citizens and businesses about the changes in City operations and services with an emphasis on providing essential services while adhering to social distancing. Managers and employees will be informed as to their actual operational responsibilities in the context of the City's emergency response, work rules, staffing requirements, compensation policy decisions and, if any, benefit changes. Citizens and businesses will be advised about how these operational changes may affect their access to City services.

The following communication topics have been identified:

1. **Topic**: The Mayor of Seattle, King County Executive and/or King County Health Officer will provide direction and a date for the implementation of social distancing

   Audience: All

   Communication Tool(s): Press releases, e-mail messages, department document distribution of "Guidance for Non-Health Care Employees on Social Distancing in the Workplace During an Influenza Pandemic," Public Health – Seattle & King County (February 2007) (see Attachment B-1); Web sites such as **http://www.metrokc.gov/health/pandemicflu/prepare/prevention.pdf**; telephone messaging including the "Social Distancing and Pandemic Information Telephone Script" (see Attachment B-2)

Status: Developed; other tools may be developed

2. **Topic**: Collective Bargaining Agreement provisions may be temporarily suspended in order to staff and administer the functions of a department, division and/or work unit

    Audience: Managers, represented employees and unions

    Communication Tool(s): Labor Relations meetings with unions and department managers; department distribution of **Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines**; Seattle Mayoral directives

    Status: Under development; other tools may be developed

3. **Topic**: Work rules, including alternative work schedules, telecommuting, out of class assignments and rescission of approved leave

    Audience: All employees and unions

    Communication Tool(s): Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines

    Status: Under development; other tools may be developed

4. **Topic**: Staff redeployment to other agencies in need of staffing

    Audience: All employees

    Communication Tool(s): WebEOC; departmental staff redeployment liaisons; and other tools.

    Status: Under development

5. **Topic:** Hiring contingent workers

    Audience: Managers

    Communication Tool(s): Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines

    Status: Under development; other tools may be developed

6. **Topic**: Administration of volunteers   who may be utilized after departments have attempted to staff functions with employees

    Audience: Managers

    Communication Tool(s): Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines

Status: Under development

7. **Topic:** Facility closures\reduction in force

    Audience: All employees

    Communication Tool(s): Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines

    Status: Under development; other tools may be developed

8. **Topic:** Compensation and employee pay policies for employees who may be directed to stay home from work

    Audience: All employees and unions

    Communication Tool(s): Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines

    Status: Under development

9. **Topic**: Leave administration, including sending ill employees home, family medical and sick leave, return to work authorization, leave donation and bereavement leave

    Audience: Directors and managers

    Communication Tool(s): Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines

    Status: Under development; other tools may be developed

10. **Topic**: Discipline for conduct such as unauthorized absences

    Audience: Directors and managers

    Communication Tool(s): Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines

    Status: Under development; other tools may be developed

TIME PERIOD 4: RECOVERY

A. CONTINUED PERSONAL HEALTH AND PREPAREDNESS

During the Recovery time period, the City of Seattle shall inform its workforce and the unions which represent its workforce, and external constituencies as required, about potential subsequent waves of the influenza, which may happen within the next six months to one year of the initial wave. The City will continue to provide information

about influenza prevention techniques to its workforce and provide information on personal/family and business recovery issues.

The following communication topics have been identified:

1.   **Topic:** Statement that the pandemic influenza emergency is ending delivered by the Seattle Mayor, King County Executive and/or the King County Health Officer

     Audience: All

     Communication Tool(s): Press releases, e-mail messages, Web sites, worksite document distribution/postings, telephone messaging systems, mass mailings

     Status: Will be developed depending on the specific situation

2.   **Topic:** Subsequent waves of the influenza may occur within the next six months to one year of the initial wave and the workforce, residents, business owners, community groups, and faith-based organizations must be prepared for that possibility

     Audience: All

     Communication Tool(s): Press releases, e-mail messages, Web sites including **http://www.metrokc.gov/health**; mass mailings

     Status: Will be developed

3.   **Topic**: Changes reflecting that the local health care system is available for all on a regular basis and that no alternative health care facilities are needed

     Audience: All

     Communication Tool(s): Press releases, e-mail messages, Web sites including **http://www.metrokc.gov/health**; mass mailings

     Status: Will be developed

4.   **Topic**: Pandemic influenza prevention techniques

     Audience: All

     Communication Tool(s): Preventing the Spread of Flu **http://www.metrokc.gov/health/pandemicflu/prepare/prevention.pdf**

     Appendix E: Personal and Workplace Hygiene

     Status: Developed; may be revised; other tools may be developed

5. **Topic**: Healthy behaviors that are effective in limiting the spread of respiratory illnesses

   Audience: All employees

   Communication Tool(s): "Stop Germs" campaign and materials at **www.metrokc.gov/health/stopgerms**; radio, television and movie theater public service announcements; internal and external bus advertisements; and posters translated into six languages throughout King County.

   Appendix E: Personal and Workplace Hygiene

   Status: Developed

6. **Topic**: Bereavement and mental health support services

   Audience: All employees

   Communication Tool(s): The Wellspring Family Services EAP, the City of Seattle's EAP provider, Web site: **http://info.wfseap.org/**. See specific information about pandemic flu, family planning and business planning.

   Status: Developed; may be revised; other tools may be developed

B.   RESUMING INTER PANDEMIC CITY SERVICE LEVELS

During the recovery time period, most employees will return to work. Employees and the unions which represent its employees will be informed as to when their work units are expected to be functional, and will be provided return-to-work instructions. Information regarding the resumption of normal City operations will be disseminated externally.

The following communication topics have been identified:

1. **Topic**: Identification of critical City functions that may be brought back into service

   Audience: Directors and managers

   Communication Tool(s): E-mail messages, department meetings, worksite document distribution, telephone messaging systems

   Status: Will be developed depending on the specific situation

2. **Topic**: Employee return-to-work directives and instructions will be provided

   Audience: All employees and unions

Communication Tool(s): Press releases, e-mail messages, Web sites, worksite document distribution/postings, telephone messaging systems, mass mailing, mass mailings, worksite document distribution and telephone messaging systems

Status: Will be developed

ATTACHMENT B-1: Guidance for Non-Health Care Employers on Social Distancing in the Workplace during an Influenza Pandemic

This guidance is intended to assist employers, including governments, businesses, community-based organizations and others in developing policies to decrease transmission of influenza in workplace settings. During an influenza pandemic, additional guidance specific to the pandemic virus may be provided by Public Health – Seattle & King County to health care providers, government agencies, private businesses and the general public.

Overview

In the event of a pandemic, employees will seek guidance about the safety of interpersonal contact in the workplace and ways to protect themselves from infection.

Influenza is transmitted person to person through close contact. Therefore, increasing the distance between people to the extent possible is one way to decrease transmission of influenza during a severe pandemic. Because of the need to keep businesses and society functioning, it will not be possible or desirable to stop all personal close contact during a pandemic. However, there are steps employers can take to reduce the density of people in work areas and reduce the chance for disease transmission.

Interim social distancing recommendation

Social distancing refers to methods for decreasing close contact between people, both in the community and in the workplace. Public Health – Seattle & King County recommends that employers take reasonable steps to minimize close contact among employees and to reduce the overall density of persons within any given workspace. This may involve increasing the physical distance between employees, providing physical barriers between employees or between employees and the public, and reducing the total number of employees occupying a workspace at any one time. Ideally, maintaining at least three to six feet of separation is desirable. In some settings, achieving an overall 50% reduction in worker density may be appropriate.

Rationale

The influenza virus is spread from person to person through small droplets that are expelled into the air when an infected person coughs or sneezes. Infection can also occur when these secretions get on hands and surfaces that then come into contact with mucous membranes in the mouth, nose and/or eyes of another person. Generally, after someone sneezes or coughs, the droplets travel through the air in approximately a three to six foot radius. Separating people from one another by at least this distance may be effective in preventing transmission of the virus. Reducing overall density within any environment will minimize all associated contact, including time spent at work stations, in hallways and inside restrooms.

Assumptions

Social distancing is one part of a multi-pronged strategy to prevent transmission of influenza. In addition to the methods described, employers should also take the following steps to prevent the spread of infection in the workplace:

Disinfect surfaces. Cleaning office surfaces at least once daily may help reduce the spread of infection. Items to disinfect include desktops, telephone keys and handsets, computer keyboards, door knobs and anything else people regularly touch with their hands. If workstations must be shared for multiple shift positions, thoroughly disinfect all surfaces between shifts. Note: people should not share the same cleaning supplies; have an outside vendor conduct this daily disinfection process or purchase individual supplies.

Use hand washing and gel sanitizers. This is particularly important for employees who have frequent contact with the public or frequent contact with objects handled by other people. Employers are encouraged to post signs through the work environment that encourage frequent hand washing with soap and water. Placement of alcohol-based gels for hand washing is also recommended. The pump applicators of gel dispensers in public locations should be disinfected regularly.

Stay at home when ill. Make it an expectation that all persons with a fever or a cough stay home. Employers are encouraged to screen employees for signs of influenza (fever, headache, extreme tiredness, cough, sore throat, runny or stuffy nose, muscle aches, etc.) and to send ill employees home. If an employee becomes ill at work, provide a surgical mask to cover their mouth and nose and send the person home.

Use masks. For more information on the use of masks in the work environment, see "Mask Usage Guidance"
http://www.metrokc.gov/health/pandemicflu/businesses/masks.htm

Social distancing methods

There are many social distancing methods available. Employers are encouraged to assess their work environment and business needs to determine which of the following options are most applicable and relevant. The goal of reducing employee density by 50% may be achieved through a combination of methods. Social distancing methods include:

Telecommuting: Asking employees who can work at home to do so by using telephones and computers linked to employer networks is one simple method of social distancing. Employers must assess whether their business needs can be supported remotely. They must also assess whether individual functions can be performed through telecommuting. This option typically requires advanced planning and organizational permissions to implement. Employees need to be provided access to their work servers through various means. IT staff can identify which applications and processes are best for your environment. See **Appendix I: Pandemic Flu Human Resource Policies**.

Flex shifts or work alternate days: In some environments it may be possible to ask half of a work group to work during the early shift (ex: 5:00 AM – 1:00 PM) and the other half to work during a late shift (1:00 PM – 9:00 PM), rather than having all employees work the same hours. Similarly, it may be possible to shift some staff to work on days that would normally be off days (e.g., weekends). Such strategies should be discussed with the Human Resources professionals. Generally, people who work in offices are sufficiently isolated from one another, but another option would be to have employees work in every other cubicle or work station. See **Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines**.

Minimize face-to-face meetings and close contact. Public Health – Seattle & King County recommends suspending face-to-face meetings during a pandemic to the extent possible. Teleconferences may become the norm during a pandemic as a substitute for internal meetings. Assess your conference call capacity in advance. If in-person meetings are critical, limit attendance and assure people have as much space as possible (ideally six feet) between one another (e.g., sitting at every other chair). Do not fill up the meeting room.

Develop alternate service delivery methods. Services that are conducted over countertops may not be ideal during a pandemic. Volume will likely be down due to absenteeism and the atmosphere may be quieter. Most business practices are intentionally designed for large volume efficiencies. Consider ways you can slow processes down and also reduce the amount of close contact between employees and customers. For example, where a line may form waiting for service, ask people to wait in line while standing six feet apart from one another and mark placeholders on the floor which may help people comply. Consider placing Plexiglas barriers between employees and the public.

Develop alternate cash handling procedures. Cash can transmit disease, including influenza. There are ways to minimize hand contact. For example, position credit/debit card slide machines so that a customer can swipe his or her own card. Ask employees to wear gloves while handling cash and have them do nothing else but handle cash for specified periods of time.

Frequently Asked Questions

Q. Is distancing a primary component of an influenza prevention plan for employers, employees, individuals and families?

A. YES – The most important ways to decrease the spread of influenza infection for employers, employees, individuals and families are:

- Minimize close contact with other people as much as possible and stay away from ill people.
- Stay at home and away from others when you are ill.
- Wash hands frequently and avoid touching your nose mouth and face unless you have just washed hands.
- Always cover your cough or sneeze. If you use a tissue, put it immediately into a waste receptacle and wash your hands.

Q. How long will social distancing measures need to be in place?

A. Based upon the pattern of previous pandemics, experts anticipate that an influenza pandemic will occur in waves of illness in a given area that last as long as six to twelve weeks.

Q. Are there any other ideas to consider for social distancing?

A. YES – Here are some alternatives to consider:

- Implement existing "building closure day" policies for a longer duration.
- Stagger breaks and meal periods.
- Implement "ghost shift changes" (one shift leaves before another starts to avoid contact between the two groups).
- Consider remote delivery systems, such as drive through service.
- Redeploy workers who have recovered from influenza to perform high-risk essential services; they are likely to have developed some immunity to the virus.

Attachment B-2: Social Distancing and Pandemic Information Internal City of Seattle Telephone and E-mail Script

This is an informational message for City of Seattle employees about the recent pandemic influenza outbreak.

{X} cases of pandemic influenza have been confirmed in greater Seattle area.

- City government functions remain open and operational.

- On {date and time}, all schools and licensed daycare facilities will be closed for {number months} and the City of Seattle will implement social distancing protocols for all employees to help slow the spread of pandemic influenza.

- Ask your supervisor how social distancing will apply at your worksite.

- Stay home if you have contracted flu or if someone in your household has become ill with the flu in the past five days. Inform your supervisor of the situation.

- Check with your supervisor to see if you are authorized to work from home. During the pandemic influenza emergency, telecommuters do not need to provide offsite childcare.

For more information about your responsibilities or about pandemic influenza, go online to **www.seattle.gov/XXX** or **www.metrokc.gov/health**.

You may call the City of Seattle Employee Hotline at: 206-205-8600. Again, that's 206-205-8600. [Don't repeat number in e-mail messages.]

You may also call the Public Health – Seattle & King County Pandemic Flu Hotline at: 206-296-1500. Again, that's 206-296-1500. [Don't repeat number in e-mail messages.]

Thank you for your continued support for one another and your service to the residents of the City of Seattle during this emergency. The quality of our collective response can have a significant impact on the consequences of this pandemic.

Appendix C: Public Health Emergency Protocol Agreement

PUBLIC HEALTH EMERGENCY PROTOCOL AGREEMENT

WHEREAS, pursuant to RCW 70.08.020 the Director of the Seattle-King County Department of Public Health (Director) serves as the local health officer for King County, including the City of Seattle; and

WHEREAS, pursuant to RCW 70.05.070 and WAC chap. 246-100 the Director is responsible for issuing necessary orders for the control and prevention of any dangerous, contagious or infectious disease, including orders for isolation and quarantine or social distancing measures; and

WHEREAS, pursuant to RCW 43.20.050 (4), WAC 246-100-040 (2) and WAC 246-100-070 (1) local police officers and employees of local jurisdictions, including the City of Seattle, must enforce necessary orders for the control and prevention of any dangerous, contagious or infectious disease, including orders for isolation and quarantine or social distancing measures, issued by the Director; and

WHEREAS, WAC 246-100-036 requires the Director to consult with local emergency management personnel and law enforcement agencies regarding plans, policies, and procedures for instituting emergency measures necessary to prevent the spread of communicable disease or contamination; and

WHEREAS, efficient coordination and communication between the King County Executive Department, the Director, and the City of Seattle's Mayor's Office will be necessary in a public health emergency in order to avoid delays in enforcement of emergency public health orders and to ensure a fully coordinated public response to a public health emergency; and

WHEREAS, circumstances in an emergency situation may prevent the Executive or the Director from informing the Mayor prior to issuing an emergency declaration or order. Under such circumstances, informing the Mayor and the Mayor's Office promptly after any emergency declaration or order intended to be effective within the City of Seattle is issued will enhance coordination and avoid delays in enforcement of the emergency declaration or order within the City;

The King County Executive (Executive), the Director, and the Mayor of the City of Seattle (Mayor) enter into this:

AGREEMENT
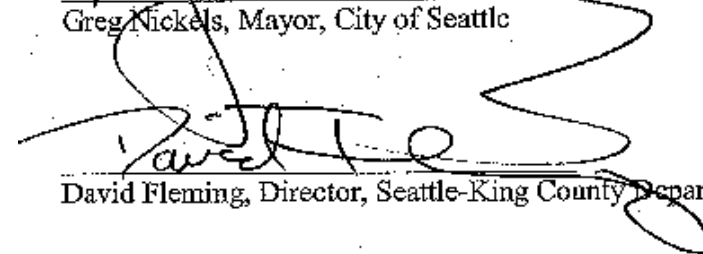
(1). Prior to issuing any emergency declarations or emergency public health orders intended to be effective within the boundaries of the City of Seattle the Director and/or the Executive will inform the Mayor and Mayor's Office of the nature, timing, and content of the emergency declarations or emergency public health orders, unless not practicable. If not practicable to inform the Mayor and the Mayor's Office prior to the issuance of an emergency declaration or emergency public health order intended to be effective within the boundaries of the City of Seattle, the Director and/or the Executive will inform the Mayor and the Mayor's Office of the nature, timing, and content of the emergency declaration or emergency public health order as soon thereafter as practicable.

(2). Neither the Director nor the Executive will issue orders to or make requests for enforcement assistance for emergency orders directly from City of Seattle departments or units unless immediate enforcement assistance is needed because of a serious and imminent risk to public health or for enforcement of a court order. All orders or requests for enforcement assistance for emergency orders to City of Seattle departments or units will be made through the Mayor and Mayor's Office, unless or until the Mayor expressly approves the issuance of orders to or requests for enforcement assistance directly to City of Seattle departments or units or unless immediate assistance is needed because of a serious and imminent risk to public health or for enforcement of a court order.

DATED this __19__ Day of __MARCH__, 2007

Ron Sims, King County Executive

Greg Nickels, Mayor, City of Seattle

David Fleming, Director, Seattle-King County Department of Public Health

Appendix D: City Department Lines of Succession

The following table identifies the line of succession for each City department.

Department/Office	Line of Succession	Incumbent	Primary Telephone
PUBLIC SAFETY AGENCIES			
Fire	Fire Chief	Gregory Dean	386-1400
	Chief of Staff		
	Asst. Chief, Operations		
Police	Police Chief	R. Gil Kerlikowske	684-5577
	Deputy Chief for Operations		
	Deputy Chief for Administration		
	Asst. Chief, Field Support		
Fire Pension Office	Executive Secretary		625-4355
	Sr. Benefits Administrator		
Police Pension	Executive Secretary	Michael Germann	386-1286
	Asst. Exec. Secretary, Pension Benefits		
	Asst. Exec. Secretary, Health Benefits		
Public Safety Civil Service Commission	Director	Mary E. Effertz	684-0334
Law	City Attorney	Thomas Carr	684-8200
	Chief, Civil Division	Suzanne Skinner	
	Chief, PCS Division	Robert Hood	
Municipal Court	Presiding Judge	Ron Mamiya	684-8709

Department/Office	Line of Succession	Incumbent	Primary Telephone
	Assistant Presiding Judge		
	Past Presiding Judge		
UTILITIES AND TRANSPORTATION			
City Light	Superintendent	Jorge Carrasco	684-3200
Public Utilities	Director	Chuck Clark	684-5851
Transportation	Director	Grace Grunican	684-5180
	Deputy Director	Anne Fiske Zuniga	
	Chief of Staff	Patrice Gillespie-Smith	
HEALTH AND HUMAN SERVICES			
Public Health	Director and Health Officer	David Fleming, MD	296-4600
Human Services	Director	Patricia McInturff	386-1001
	Alan Painter, Deputy Director	Alan Painter	
	DV & SA Prev	Terri Kimball	
NEIGHBORHOODS AND DEVELOPMENT			
Planning and Development	Director	Diane Sugimura	684-8880
Neighborhoods	Department Director	Bernie Matsuno	684-0464

Department/Office	Line of Succession	Incumbent	Primary Telephone
Office of Economic Development	Director	Steve Johnson, (Act.)	684-8090
	Communications Director	Karin Zaugg Black	
	Finance Manager	Tim Rash	
Office of Housing	Director	Adrienne Quinn	684-0721
	Deputy Director	Bill Rumpf	
	Multi-Family Lending Program Manager	Joanne LaTuchie	
ARTS, CULTURE AND RECREATION			
Arts and Cultural Affairs	Director	Michael Killoren	684-7172
Parks and Recreation	Superintendent	"BJ" Brooks (Act.)	684-4075
	Deputy Superintendent	Christopher Williams	
	Director of Finance and Administration		
Public Library	City Librarian	Deborah Jacobs	386-4636
	Chief Financial and Admin. Officer		
	Public Safety Director		
Seattle Center	Director	Robert Nellams (Act.)	684-7200
ADMINISTRATION			
Executive Administration	Director	Fred Podesta (Act.)	386-0041
	Business Technology Divn.		

Department/Office	Line of Succession	Incumbent	Primary Telephone
	Director		
	Accounting/Treasury Services. Division. Director		
Finance	Director	Dwight Dively	233-0031
	Deputy Director	Doug Carey	
	Deputy	Glenn Lee	
Fleets and Facilities	Director	Brenda Bauer	684-0484
	Deputy Director	Mary Pearson	
	Capital Programs Director	Dove Alberg	
Information Technology	CTO	Bill Schrier	684-0600
	Deputy CTO	Erin Devoto	
	Director, Comm. Technologies	Dean Arnold	
Mayor	Mayor	Greg Nickels	684-4000
Personnel	Director	Mark McDermott	615-1622
	Labor Relations Director	David Bracilino	
	Class Comp Director	Nancy Schaefer	
City Auditor	Auditor	Susan Cohen	233-3801
	Deputy Auditor	David G. Jones	
	Asst. City Auditor	Mary Denzel	
Civil Rights	Director	Germaine Covington	684-4500
	Policy and Outreach Coordinator	Julie Nelson	
	Enforcement Manager	Angela Dawson-Milton	
Civil Service Communications	Director	Glenda Graham-Walton	386-1301

Department/Office	Line of Succession	Incumbent	Primary Telephone
Employees' Retirement	Director	Norm Ruggles	386-1293
	Deputy Director	Mel Robertson	
Ethics and Elections	Executive Director	Wayne Barnett	684-8500
	Strategic Advisor	Harley Anders	
Intergovernmental. Relations	Director	Susan Crowley Saffery	684-8055
	Deputy Director	Linda Cannon	
Film and Music	Director	James Keblas	684-0903
Hearing Examiner	Hearing Examiner	Sue Tanner	684-0521
Policy and Management	Director	Mary Jean Ryan	684-8041
Sustainability and Environment	Director	Steve Nicholas	615-0817
	Strategic Advisor	Kim Drury	
	Strategic Advisor	Tracy Morgenstern	
Legislative	Council President	Nick Licata	684-8888

Department/Office	Line of Succession	Incumbent	Primary Telephone
City Clerk	City Clerk	Judith Pippin	684-8344

Appendix E: Personal and Workplace Hygiene

Minimizing illness is one of the key strategies for improving resiliency during a pandemic. Well-developed Continuity of Operations (COOP) plans should address how to minimize illness among staff and the public. Strategies include:

- Restricting workplace entry of people with influenza symptoms;

- Practicing good personal hygiene and workplace cleaning habits;

- Increasing social distancing (e.g. enable telecommuting, avoid face-to-face contact);

- Managing staff who become ill at work; and

- Managing staff that travel overseas.

This appendix identifies some issues departments will need to take into account in pandemic flu response plans and offers guidance for to how to address them.

Table E-1 identifies flu protections measures and where they are appropriate to apply.

Table E-1: Summary of Influenza Protection Measures

Protection Measure	Where Applicable
Hand hygiene, cough etiquette, ventilation	✓ Everyone, all the time
Organizational and facilities management policies	✓ Every organization, all the time; maintenance and cleaning contracts
Social distancing	✓ Everyone, where practical
Protective barriers	✓ In situations where regular work practice requires unavoidable, relatively close contact with the public
Disposable surgical mask The latest guidance on this issue can be obtained at **http://www.osha.gov/Publications/influenza_pandemic.html**	✓ Workers in any community or health care setting who are caring for the sick (this includes first responders) in Phase 4 and Phase 5. ✓ Also as a possible adjunct to protective barriers ✓ Should be provided to staff and public who present flu symptoms in the work place
Disposable surgical masks, eye protection, gloves, gowns/aprons	✓ Health care workers participating directly in close contact patient care when there is a high risk of contact with respiratory secretions, particularly via aerosols (mostly inpatient settings). Generally, in patient care within a yard or less.

Restrict Workplace Entry of People with Influenza Symptoms

On declaration of World Health Organization (WHO) Phase 4 or 5 in the Pacific Northwest region, the City shall consider posting notices at all workplace/facility entry points, advising staff and visitors not to enter if they have influenza symptoms.

Employees should be advised not to come to work when they are feeling sick, particularly if they are exhibiting any influenza symptoms. **Table E-2** identifies the differences in symptoms between influenza and a common cold. Workers who are ill should stay at home until symptoms resolve.

Table E-2: Differences Between Influenza and a Common Cold

SYMPTON	INFLUENZA	COMMON COLD
Fever	Usual, sudden onset 100.4-104°F and lasts 3-4 days	Rare
Headache	Usual and can be severe	Rare
Aches and pains	Usual and can be severe	Rare
Fatigue and weakness	Usual and can last 2-3 weeks or more after the acute illness	Sometimes, but mild
Debilitating fatigue	Usual, early onset can be severe	Rare
Nausea, vomiting, diarrhea	In children < 5 years old	Rare
Watering of the eyes	Rare	Usual
Runny, stuffy nose	Rare	Usual
Sneezing	Rare in early stages	Usual
Sore throat	Usual	Usual
Chest discomfort	Usual and can be severe	Sometimes, but mild to moderate
Complications	Respiratory failure; can worsen a current chronic condition; can be life-threatening	Congestion or ear-ache
Fatalities	Well-recognized	Not reported
Prevention	Influenza vaccine; frequent hand washing; cover your cough	Frequent hand-washing; cover your cough

Ill employees must stay away from other people during their period of illness, preferably at home, until their symptoms resolve. Note that staff who have recovered from pandemic influenza are unlikely to be re-infected, as they will have natural immunity to the virus. These employees should be encouraged to return to work as soon as they are well, unless family conditions dictate otherwise.

Personal Hygiene

To minimize potential influenza transmission, these basic personal hygiene measures should be reinforced and all people should be encouraged to practice them:

- Cover nose and mouth when sneezing and coughing (preferably with a disposable single use tissue).

- Immediately dispose of used tissues.

- Adopt good hand washing/hand hygiene practices, particularly after coughing, sneezing or using tissues.

- Keep hands away from the mucous membranes of the eyes, mouth, and nose.

- Avoid contact with individuals at risk (e.g. small children or those with underlying or chronic illnesses such as immune suppression or lung disease) until influenza-like symptoms have resolved.

- Where possible, avoid contact with people who have influenza-like symptoms.

- Ask people to use a tissue and cover their nose and mouth when coughing or sneezing and to wash their hands afterwards.

Ensure that adequate supplies of hand hygiene products are available. This should be planned well in advance of an influenza pandemic, as there may be interruption to the supply or shortages of soap and hand towels during a pandemic. To communicate hand and personal hygiene information to staff and visitors:

- Post hygiene notices in all workplace entrances, washrooms, hand washing stations and public areas.

- Use brochures, newsletters, global e-mail messages, employee bulletin boards, and information included with pay-slips to inform employees of the importance of hand hygiene and environmental cleaning during a pandemic.

Workplace Cleaning

During a pandemic, additional measures will be necessary to minimize the transmission of the virus through environmental sources, particularly hard surfaces (e.g. sinks, handles, railings, objects and counters). Transmission from contaminated hard surfaces is unlikely, but influenza viruses may live up to two days on such surfaces.

Alcohol and chlorine can kill Influenza viruses. Cleaning surfaces with a neutral detergent followed by a disinfectant solution is recommended. Surfaces that are frequently touched with hands should be cleaned often, preferably daily. **Table E-3** suggests the appropriate choice and concentration of disinfectants.

Table E-3: Workplace Cleaning Products

Disinfectant	Recommended Use	Precautions
Sodium hypochlorite(5% household bleach): Use concentrations ranging from 1 part bleach to be mixed with 99 parts of tap water (1:100) or 1 part of bleach to be mixed with 9 parts of tap water (1:10) depending on the amount of organic material (e.g. Blood or mucous) present on the surface to be cleaned and disinfected.	Disinfection of material contaminated with blood and body fluids.	Use this substance in well ventilated areas. Wear protective clothing while handling and using undiluted bleach. Do not mix with strong acids to avoid release of chlorine gas. Corrosive to metals and fabrics.
Granular chlorine: NaDCC (Sodium dicloroisocyanurate) powder with 60% available chlorine. Dissolve 1 ounce in three quarts of tap water.	May be used in place of liquid bleach, if it is unavailable.	Same as above.
Alcohol: e.g. Isopropyl 70%, ethyl alcohol 60%.	Smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used.	Flammable and toxic. Use in well-ventilated areas. Avoid inhalation. Keep away from heat sources, electrical equipment, flames, and hot surfaces. Allow it to dry completely, particularly when using diathermy (the therapeutic generation of local heat in body tissues by high-frequency electromagnetic currents), as this can cause diathermy burns.

Staff should be reminded not to share cups, dishes, and cutlery and to wash these items thoroughly with soap and hot water after use.

Remove all magazines/papers from waiting rooms and common areas (such as coffee rooms, kitchens).

When a person with suspected influenza is identified and has left the workplace, it is important that their work area/office, along with any other known places they have been, are thoroughly cleaned and disinfected.

Departmental plans should identify the basic hygiene practices (including hand hygiene) to be followed by cleaners, the protocols for use personal protection

equipment (if recommended by Public Health - Seattle & King County), and the methods for waste disposal.

Air Conditioning

There is evidence that influenza can spread in inadequately ventilated internal spaces. All internal spaces should be well-ventilated, preferably by fresh air from open windows, or by properly designed and maintained air-conditioning systems.

As part of workplace health and safety monitoring, Fleets and Facilities Department (FFD) shall obtain assurance from the owner of any air conditioned building the City occupies that air conditioning systems are maintained regularly and to the appropriate standard, as per the Building Code.

Increase Social Distancing

Another strategy to protect staff is minimizing their contact with others. Crowded places and large gatherings of people should be avoided, whether in internal or external spaces. A distance of at least three feet should be maintained between persons wherever practical. Larger distances are more effective. Contact with those who are ill should be avoided wherever practicable. Suggestions for how to minimize contact include:

- 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/training sessions.

- If possible, arrange for employees to work from home or to work variable hours to avoid crowding at the workplace.

- Practice "ghost" shift changes wherever possible, with the shift going off duty leaving the workplace before the new shift enters:
    - ✓ If possible, leave an interval before re-occupation of the workplace.
    - ✓ If possible, thoroughly ventilate the workplace between shifts by opening doors and windows or turning up the air-conditioning.

- Avoid public transport: walk, cycle, drive a car or go early or late to avoid rush hour crowding on public transport.

- Bring lunch and eat at desk or away from others (avoid the cafeteria and crowded restaurants). Introduce staggered lunchtimes so numbers of people in the lunch room are reduced.

- Do not congregate in coffee rooms or other areas where people socialize. Do what needs to be done and then leave the area.

- If a face-to-face meeting with people is unavoidable, minimize the meeting time, choose large meeting rooms and sit at least three feet away from each other if possible; avoid shaking hands or hugging. Consider holding meetings in the open air.

- Set up systems where clients/customers can pre-order/request information via phone/ e-mail/fax and have order/information ready for fast pick-up or delivery.

- Encourage staff to avoid recreational or other leisure classes or meetings where they might come into contact with infectious people.

Managing Staff Who Become Ill at Work

Departmental COOP plans should indicate how the department will manage staff that become ill at work. If a person feels ill, or if someone observes that another person is exhibiting symptoms of influenza at work, the work site manager, supervisor, or floor warden should be contacted **by telephone,** if at all possible.

Supervisory staff shall:

- Avoid visiting the potentially ill person if it can be avoided – manage the process over the phone.

- Check to see if the employee has any of the symptoms outlined in Table E-2.

    - ✓ If the employee does not have any of the symptoms listed in Table E-2, they are very unlikely to have influenza, and should be reassured but advised to see their family physician if they are still concerned.

    - ✓ If the employee does have symptoms that match some of those listed in Table E-2, they should be treated as a "suspect case." It may be helpful to have a staff influenza notification form completed, including details of any staff and/or visitors they have been in contact with. This information will permit the appropriate staff to identify recent movements and monitor well-being during the pandemic.

    - ✓ The employee should be informed where they can find a surgical mask and instructed to wear it immediately. This is to help protect other staff.

    - ✓ The employee should leave work and immediately contact a health professional in the manner advised by Public Health - Seattle & King County (PHSKC) on its Web site at that time. This may involve phoning the person's normal doctor or nurse, or a specially designated center to seek further advice.

    - ✓ The employee's manager should be informed that they have left work.

    - ✓ The employee, should, if at all possible, avoid public transport when leaving work.

    - ✓ The employee's work station should be cleaned and disinfected following the directions provided in **Workplace Cleaning**.

Management staff will need to set up a system to manage the absence and return to work of ill employees and their contacts. Some issues to consider include:

- Advice to the employee on how long to stay away from work (the PHSKC Web site will have advice on this once the characteristics of a pandemic are known).

- Decisions on the leave and cover arrangements.

- Checking on the staff member during his/her absence from work. This will facilitate treatment and contact tracing.

- Setting up a process in the departmental plan for ensuring that:

  - ✓ The employee is healthy before returning to work;

  - ✓ Employees are encouraged to return to work once they are well.

Appendix F: Workforce Resiliency Plan

Like any disaster or emergency situation, an influenza pandemic can put the physical and emotional well-being of City employees at risk. Employees, particularly first responders such as firefighters and police officers, may suffer from a range of psychosocial issues as a result of an extended influenza pandemic, including fear, depression, and a sense of powerlessness. All of these emotions may be exacerbated by the constant pressure to keep performing.

One of the City's highest priorities is to maintain the health, safety, and emotional well-being of its workforce. It is critical, therefore, that the City establish a Workforce Resilience Program to support the special psychosocial needs of City employees and their families in the event of an influenza pandemic. As much as any legal or logistical plan, a solid Workforce Resilience plan will help the City maintain its essential services during an influenza pandemic.

The Challenges of Emergency Response

As the City develops its strategies for supporting employees during an influenza pandemic, it is important to keep in mind the many challenges of maintaining the mental and physical well-being of workers during an emergency situation.

First, it is impossible to prepare people, particularly first responders, for everything they might encounter and experience during a crisis such as an influenza pandemic. Even seasoned responders can face situations such as the deaths of children that cause distress. Maintaining personal resilience may be particularly challenging in the context of an influenza pandemic because of its duration of months or even years. It is important, therefore, that the City develop a means of regularly checking in on staff and modifying support services as evolving circumstances dictate.

Second, it is likely that many City employees may be asked to work outside their areas of expertise or to take on additional responsibilities due to the illness or death of other employees. If employees are not supported in their efforts, their chance of success will be greatly diminished, and their emotional well-being may also be diminished by a sense of failure. Providing employees with timely, accurate, and candid information about why they are being asked to take on additional responsibilities and what is expected of them will help facilitate their success and alleviate stress caused by a lack of clarity around changing circumstances.

Because of the dedication and commitment of the City's workforce, it is conceivable that they may become so focused on their efforts to maintain City services that they forget about or disregard their own needs. Guarding against this will help reduce employee burnout and improve workforce resilience. Having mental health advocates check in with employees periodically to ensure that they are maintaining important self-care activities, such as eating nutritious meals, sleeping, and taking showers can go a long way toward maintaining employee morale and resilience.

Developing a Workforce Resilience Program

Because stress and stress management are complicated issues, a good deal of planning is necessary if a workforce resilience program is to be of value. The City should make full use of all public health techniques and communication tools at its disposal to help its employees manage emotional stress and build coping skills and resilience. The City must also plan for a long response (up to 18 months) for an influenza pandemic. Having good continuity of support services coordinated around the entire lifecycle of a pandemic is likely to produce the best results.

The sections that follow outline steps the City should take at each stage in an influenza pandemic to prepare and execute a Workforce Resilience Program.

Inter-Pandemic Time Period

Inter-Pandemic is the time period when there has been very limited or no human-to-human transmissions of pandemic influenza. During this time period, the City should conduct an inventory of the support services it already makes available for City employees, and determine where additional services might be required. For example, because firefighters are likely to be greatly impacted by demands for their services, it may be necessary to supplement normal support services by providing access to onsite counselors during the course of the influenza pandemic. The inventory should also include identifying any gaps in resources, such as culturally competent and multilingual providers, that might affect the City's ability to deliver psychosocial support to all of its employees and their families.

The City should also reach out to community-based mental health organizations and non-governmental organizations to determine the types of psychological and social support services and training courses available in their jurisdictions. Training courses in psychological support will be of particular value to City directors and managers who may be called on to provide psychological first-aid for their direct reports. All City administrators, managers, and supervisors should become familiar with the tools and techniques available for supporting staff and their families and actively encourage their staff to use those resources.

Each City department should establish a workforce resilience team. These teams can assist with supporting department employees and fostering cohesion and morale by:

- Monitoring employee health and well-being (in collaboration with occupational health clinics, if possible) through debriefings, surveys, etc.

- Distributing informational material related to stress management and available support services. (See **Appendix B: Pandemic Influenza Emergency Communications Strategy**)

- Reinforcing the value placed in City employees and the extra steps being taken to support their well-being.

- Directing employees to confidential telephone support "hot lines" staffed by behavioral health professionals. (The City's traditional EAP program may not have sufficient capacity to handle the calls they would receive during a pandemic.)

The City should also prepare informational materials for employees and their families about the psychosocial services available to them in the event of an influenza pandemic and how they can take care of themselves during the crisis. For more information about the purpose and content of these informational materials, see **Preparing Workforce Support Materials**.

Alert Time Period

The Pandemic Alert period starts with the onset of human infection of a new subtype and concludes with large clusters of localized infections, suggesting the virus is not yet fully transmissible. Once the City enters this time period, it must act on the information it gathered during the Inter-Pandemic Time Period.

First, the City must establish confidential telephone support lines for its employees that will be staffed by behavioral health professionals.

Second, the City must provide specialized training to all City supervisors and managers to help them support their staff during the pandemic. All managers and supervisors should be provided with information about:

- Cognitive, physiological, behavioral, and emotional symptoms that might be exhibited by employees during an influenza pandemic, including symptoms that might indicate severe, acute (situational) mental disturbance.

- Self-care at work, including actions to safeguard physical and emotional health and maintain a sense of control and self-efficacy.

- Cultural (e.g., professional, educational, geographic, ethnic) differences that can affect communication.

- Potential impact of an event on special populations (e.g., children, ethnic groups, immigrant communities, the elderly, and the physically or cognitively disabled.)

The City should also conduct Citywide briefings and training for employees on behavioral health, resilience, stress management issues, and coping skills. Responders such as police officers, firefighters, and staff assigned to emergency support services should receive training to help them manage citizen reaction to public health measures such as movement restrictions (e.g., quarantine, social distancing) and to abrupt loss of essential supplies and services.

First responders should also be provided with information about what to do if they or their family members experience stigmatization or discrimination because of their role in the influenza event response. City officials should be prepared to address these issues without delay.

Pandemic Time Period

The Pandemic Period occurs when increased and sustained human transmission occurs in the general population. A pandemic influenza emergency would likely be issued by the Seattle Mayor and/or King County Executive; and the King County Health Officer would provide direction and a date regarding the implementation of

social distancing measures. These events may correspond. The first confirmed case in North America could trigger a similar response.

To the extent possible, during the pandemic, the City should:

- Deploy stress control or resilience teams to monitor the occupational safety, health, and psychological well-being of staff.

- Continue to distribute educational and training materials to City employees on how to maintain their psychosocial well-being and how to access support services.

- Provide (and staff, resources permitting) rest and recuperation sites stocked with healthy snacks (fruit, juice) and relaxation materials (music, relaxation tapes, movies), as well as pamphlets or notices about workforce support services.

- Provide psychological and social support services for employees and their families, as requested.

- Provide outreach to employees' families to address psychological and social issues. This may include family support groups, bereavement counseling, and education on resilience, coping skills, and stress management.

The City may want to offer additional services to families of employees who are working long hours, and/or remain in the workplace overnight or indefinitely. These services might include:

- Help or referral for elder care, childcare and the well-being of those with special needs.

- Provision of communication opportunities/devices to allow regular communication among family members and provision of information through Web sites or hotlines.

- Access to expert advice and answers to questions about disease control measures and self-care.

- Information about services provided by community and faith-based organizations. Activities of these organizations can provide relaxation and comfort during trying and stressful times.

Recovery Period

Recovery is the time period when the local health care system is handling the load with its own resources and no alternative health care facilities are needed; when the trend of new influenza cases is consistently receding; when the King County Health Officer provides direction that social distancing measures are no longer needed; and when most employees have returned to work. In the Recovery phase, the City should provide assistance in reintegrating workers that were ill or took a leave of absence to care for ill family members. (See **Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines**.)

It is also critical that the City continue to monitor its workforce, particularly first responders, during the recovery period for signs of chronic or severe psychological distress. Arranging a series of debriefings with responders and their family members

may be useful. This will enable the City to assess the impact of the influenza pandemic on its workforce and to strengthen support services as needed. Information gathered in these debriefings can also be used to prepare for subsequent waves of the pandemic.

All City employees should have access to psychosocial evaluation and support for at least one year after the pandemic subsides.

Preparing Workforce Support Materials

As part of its Workforce Resilience Program, the City shall obtain or prepare workforce support materials for distribution during an event. These materials should be obtained or prepared where at all possible during the Inter-Pandemic time period as this will allow time for message vetting to ensure content and tone are appropriate.

The City should develop materials that:

- Prepare employees for the mental and emotional challenges they may encounter during an influenza pandemic, including working with highly agitated customers, family illness, and mass fatalities. Strategies for building and sustaining personal resilience in dealing with these challenges may also be useful.

- Educate employees about the emotional responses they might experience or observe in their colleagues and family members during an influenza pandemic, and provide techniques for coping with these emotions and behaviors.

- Identify and describe workforce support services that will be available during an influenza pandemic, including confidential behavioral/employee health and assistance programs. It's important, however, that these materials also prepare employees for the possibility that such services may be reduced or curtailed during the height of the pandemic. Managing employee expectations during a pandemic in which circumstances can change dramatically is important.

- Provide information about infection control practices to prevent the spread of disease in the workplace and employment issues related to illness, sick pay, staff rotation, and other family concerns. (See **Appendix B: Pandemic Influenza Emergency Communications Strategy** and **Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines**.)

Additional Resources

The City may obtain or leverage some useful materials from the following resources:

- DSHS-Disaster Mental Health Services (**http://www1.dshs.wa.gov/mentalhealth/index.shtml**)

- Centers for Disease Control and Prevention (**http://www.cdc.gov/)**

- Health and Human Services Administration (**http://www.hhs.gov/)**

- National Institute of Health (**www.nih.gov**)

- Substance Abuse and Mental Health Services Administration (**http://mentalhealth.samhsa.gov/cmhs/EmergencyServices/** and **http://mentalhealth.samhsa.gov/dtac/default.asp**)

- American Psychological Association's Help Center and Disasters and Terrorism (**http://helping.apa.org/articles/topic.php?id=4**)

In the interest of maintaining the health and well-being of all the citizens of Seattle, the City should also plan to share the information it develops with local businesses, schools, community groups and faith-based organizations to assist them with the development of their overall staff support plans.

Appendix G: City Department Essential Services

The ability of the City of Seattle to provide services will be severely impacted during a pandemic. As part of the departmental COOP planning process, each department or agency identified their essential services. The following factors were used in determining priority service levels:

- Health, welfare and safety of employees;

- Health, welfare and safety of citizens;

- Economic impact of not providing service;

- Impact of performing (or not performing) services;

- Ability to provide services during a pandemic; and

- Availability of alternate methods of delivering services.

Department essential services are identified in **Section VII** of the Annex, but briefly categorized in the following sections.

A. Priority Service One (Immediate threat to public health, safety or welfare)

Priority Service One identifies activities that must remain uninterrupted. Generally, these would include agencies and facilities that operate 24 hours a day and/or 7 days a week. (If the service closes on a weekend or holiday, it is not a Priority Service One function.)

The following activities have been classified as Priority Service One:

- Fire suppression
- Law enforcement; patrol
- Emergency medical operations
- Water treatment operations
- Security
- All dispatch centers
- Emergency and disaster response functions
- Snow removal from roadways
- Emergency road repair
- Maintaining building HVAC systems
- Emergency Operations Center staffing

B. Priority Service Two (Direct economic impact, directly affect Priority One Services, constitutionally or statutorily mandated time frames, or civil disorder may develop if not performed in a few days)

Priority Service Two identifies activities that can be disrupted temporarily or might be periodic in nature, but must be re-established within a few days.

The following activities have been classified as Priority Service Two:

- Processing payroll
- Payment to vendors
- Benefit payment to individuals
- City Council meetings
- Cleaning and disinfecting facilities during a pandemic
- Emergency procurements and contracting
- Disaster recovery assistance
- Time sensitive inspections for construction activities
- Emergency equipment repair

C. Priority Service Three (Regulatory services required by law, rule or order that can be suspended or delayed by law or rule during an emergency)

Priority Service Three identifies activities that can be disrupted temporarily (a few days or weeks) but must be re-established sometime before the pandemic wave is over (<3 months).

The following activities have been classified as Priority Service Three:

- Collective bargaining with labor unions
- License renewals
- Filling job vacancies
- Issuing building permits
- General inspections services (not time sensitive)
- Project management
- Vehicle maintenance services
- Grant and contract management
- Shipping and receiving
- Investigation of complaints

D. Priority Service Four (All other services that could be suspended during an emergency and are not required by law or rule)

Priority Service Four identifies activities that can be deferred for the duration of a pandemic wave (6-8 weeks).

The following activities have been identified as Priority Service Four:

- Training
- General maintenance programs
- Reception desks
- Internal audit
- General education and outreach programs
- Crime and fire prevention programs
- Grounds maintenance (lawn mowing)
- Youth service programs
- Financial analysis
- Research

Appendix H: Federal Emergency Assistance

DAP9523.17

FEMA
DISASTER ASSISTANCE POLICY

I. TITLE: Emergency Assistance for Human Influenza Pandemic

II. DATE: March 31, 2007

III. PURPOSE:

Establish the types of emergency protective measures that are eligible under the Public Assistance Program during a Federal response to an outbreak of human influenza pandemic in the U.S. and its territories.

IV. SCOPE AND AUDIENCE:

The policy is applicable to all major disasters and emergencies declared on or after the date of publication of this policy. It is intended for personnel involved in the administration of the Public Assistance Program.

V. AUTHORITY:

Sections 403 (42 U.S.C. 5121-5206) and 502 (42 U.S.C. 5192) respectively, of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), and 44 Code of Federal Regulations (CFR) §206.225(a)(3)(i).

VI. BACKGROUND:

A. The severity of the next human influenza pandemic cannot be predicted, but modeling studies suggest that the impact of a pandemic on the United States could be substantial. In the absence of any control measures (vaccination or drugs), it has been estimated that in the United States a "medium–level" pandemic could cause 89,000 to 207,000 deaths, 314,000 to 734,000 hospitalizations, 18 to 42 million outpatient visits, and another 20 to 47 million people being sick. Over an expected period of two years, between 15% and 35% of the U.S. population could be affected by an influenza pandemic, and the economic impact could range between $71.3 and $166.5 billion. This effect does not include members of the general population that may have to miss work to care for ill family members, potentially raising the population affected by an influenza pandemic to 55% during the peak weeks of community outbreak (Department of Health and Human Services, Centers for Disease Control and Prevention, Pandemic Flu: Key Facts, January 17, 2006).

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FEMA
DISASTER ASSISTANCE POLICY

B. An influenza pandemic differs from other public health threats, in that:

▪ A pandemic will last much longer than most public health emergencies, and may include "waves" of influenza activity separated by months (in 20th century pandemics, a second wave of influenza activity occurred 3 to 12 months after the first wave).

▪ The numbers of health-care workers and first responders available to work is expected to be reduced. This population will be at high risk of illness through exposure in the community and in health-care settings.

▪ Resources in many locations could be limited, depending on the severity and spread of an influenza pandemic.

C. Assumptions:

1. Three conditions must be met for a pandemic to begin:

a. A new influenza virus subtype must emerge, for which there is little or no human immunity. (For example, the H5N1 virus, also known as bird flu, is a new virus for humans. It has never circulated widely among people, but has killed over half of those infected.)

b. It must infect humans and cause illness; and:

c. It must spread easily and sustainably (continue without interruption) among humans.

2. There will be large surges in the number of people requiring or seeking medical or hospital treatment, which could overwhelm health services.

3. High rates of worker absenteeism will interrupt other essential services, such as emergency response, communications, fire and law enforcement, and transportation, even with Continuity of Operations Plans in place.

4. Rates of illness are expected to peak fairly rapidly within a given community, because all populations will be fully susceptible to an H5N1-like virus.

5. Local social and economic disruptions may be temporary, yet have amplified effects due to today's closely interrelated and interdependent systems of trade and commerce.

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FEMA
DISASTER ASSISTANCE POLICY

6. A second wave of global spread should be anticipated within a year, based on past experience.

7. All countries are likely to experience emergency conditions during a pandemic, leaving few opportunities for international assistance, as seen during natural disasters or localized disease outbreaks. Once international spread has begun, governments will likely focus on protecting domestic populations.

VII. POLICY:

A. The following Emergency Protective Measures (Category B) may be eligible for reimbursement to State and local governments and certain private non-profit organizations:

1. Activation of State or local emergency operations center to coordinate and direct the response to the event.

2. Purchase and distribution of food, water, ice, medicine, and other consumable supplies.

3. Management, control, and reduction of immediate threats to public health and safety.

4. Movement of supplies and persons.

5. Security forces, barricades and fencing, and warning devices.

6. Emergency medical care (non-deferrable medical treatment of disaster victims in a shelter or temporary medical facility and related medical facility services and supplies, including emergency medical transport, X-rays, laboratory and pathology services, and machine diagnostic tests for a period determined by the Federal Coordinating Officer).

7. Temporary medical facilities (for treatment of disaster victims when existing facilities are overloaded and cannot accommodate the patient load).

8. Congregate sheltering (for disaster victims when existing facilities are overloaded and cannot accommodate the patient load).

9. Communicating health and safety information to the public.

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FEMA
DISASTER ASSISTANCE POLICY

10. Technical assistance to State and local governments on disaster management and control.

11. Search and rescue to locate and recover members of the population requiring assistance and to locate and recover human remains.

12. Storage and internment of unidentified human remains.

13. Mass mortuary services.

14. Recovery and disposal of animal carcasses (except if another federal authority funds the activity – e.g., U.S. Department of Agriculture, Animal, Plant and Health Inspection Service provides for removal and disposal of livestock).

B. <u>Eligible Costs</u>. Overtime pay for an applicant's regular employees may be eligible for reimbursement. The straight-time salaries of an applicant's regular employees who perform eligible work are not eligible for reimbursement. Regular and overtime pay for extra-hires may be eligible for reimbursement. Eligible work accomplished through contracts, including mutual aid agreements, may be eligible for reimbursement. Equipment, materials, and supplies made use of in the accomplishment of emergency protective measures may be eligible.

C. <u>Ineligible Costs</u>. Ineligible costs include the following:

1. Definitive care (defined as medical treatment or services beyond emergency medical care, initiated upon inpatient admissions to a hospital).

2. Cost of follow-on treatment of disaster victims is not eligible, in accordance with FEMA Recovery Policy 9525.4 – Medical Care and Evacuation.

3. Costs associated with loss of revenue.

4. Increased administrative and operational costs to the hospital due to increased patient load.

5. Rest time for medical staff. Rest time includes the time a staff member is unavailable to provide assistance with emergency medical care.

6. Because the law does not allow disaster assistance to duplicate insurance benefits, disaster assistance will not be provided for damages covered by insurance. The PA applicant

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should not seek reimbursement for these costs if underwritten by private insurance, Medicare, Medicaid or a pre-existing private payment agreement.

Note: Ineligible costs remain ineligible even if covered under contract, mutual aid, or other assistance agreements.

    D. Coordination with Emergency Support Function (ESF). Coordination among ESFs 3, 5, 6, 8, 9, 11, and 14 will be required.

VIII. ORIGINATING OFFICE: Recovery Division (Public Assistance Branch).

IX. SUPERSESSION: This policy supersedes all previous guidance on this subject.

X. REVIEW DATE: Three years from date of publication.

_____
David Garratt
Acting Assistant Administrator
Disaster Assistance Directorate

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Appendix I: Pandemic Influenza Emergency Personnel Policies and Guidelines

INTRODUCTION:

Objectives for the Policy Guidance

To establish the personnel policies and guidelines for all phases of a proclaimed influenza pandemic emergency. This policy guidance describes deviations from existing personnel policies and rules that will be necessary during an emergency. Where there are no changes to existing policies, those policies are still in effect and are cited in the Appendix of this document for further reference.

Priority Audiences

- City Employees
- Department Heads and Key Managers
- Labor Union Representatives

Operating Assumptions:

When an influenza pandemic spreads to the City of Seattle a cumulative absentee rate of up to 40% of employees is expected for up to 6 months, on a rolling basis. This number includes sick employees, employees who are caring for sick family members and employees who do not come to work out of fear of becoming ill. In addition, there may be a significant need for social distancing (a reduction of the number of persons concentrated in the workplace), necessitating that employees perform essential work functions but do not report to the workplace.

1. COMMUNICATIONS

The Personnel Department will provide information to all City employees in the event of an influenza pandemic via a designated hotline number, the Inweb, PAN, e-mail and phone messages. Employee communications in different languages will be in accordance with the City PIO guidelines and procedures.

The communication strategy shall be implemented in stages as an emergency becomes likely, consistent with the Communications Strategy Appendix to the City's Influenza Pandemic Readiness and Response Annex. The Mayor or the King County

Executive and/or the King County Health Officer will issue a proclamation of an influenza pandemic emergency. This communication will provide direction specific information about the implementation of social distancing measures. The emergency measures may begin as soon as sustained human-to-human transmission is documented elsewhere in the world, or when a confirmed case happens in North America, the western coast of the United States or in Washington State. During the emergency time period, the City of Seattle's communication focus is on informing its workforce and the unions which represent its workforce and external constituencies about those issues and activities most relevant to the particular period of pandemic the City is experiencing:

During the *inter-pandemic* time period, the City of Seattle will inform its workforce and the unions which represent its workforce, and external constituencies as required, about the history and potential of influenza pandemics as well as behaviors which are helpful in limiting the spread of respiratory illness. The City will identify mission critical functions, lines of succession, and specific work rules and bargaining agreement provisions which might be affected during a pandemic.

During the *alert* time period, the City of Seattle will inform its workforce and the unions which represent its workforce, and external constituencies as required, about the implications of the change in status as well as reinforcing healthy behaviors. The City will introduce discussions of remote access and support for teleworking, the administration of volunteers, compensation and leave policies, and family care options.

During the *pandemic* time period, the City of Seattle will inform its workforce and the unions which represent its workforce, and external constituencies as required, about alternate health care sites, the distribution of medications, bereavement and mental health support services, and public transportation issues.

During the *recovery* time period, the City of Seattle will inform its workforce and the unions which represent its workforce, and external constituencies as required, about potential subsequent waves of the influenza, which may happen within the next six months to one year of the initial wave. The City will continue to provide information about influenza prevention techniques to its workforce and provide information on personal/family and business recovery issues.

a. **Website.** A pandemic website will be posted on the City's PAN site dedicated to pandemic flu (http://www.seattle.gov/). Updates to the site will be posted as needed. The site will include:

- A description of symptoms and what to do if you think you have the flu
- Tips on hygiene to avoid catching the flu
- Tips on caring for family members who have the flu
- Resources (links to other websites) providing in-depth information about the flu
- Information on accessing medical benefits and the Employee Assistance Program (see Benefits section)
- Sources to contact for obtaining masks, hand sanitizer, and other health-related supplies
- Links to other departments' "disaster" websites

b. **E-Mail.** Departments shall send periodic e-mail updates to inform employees of any new developments and remind them about health and safety issues.

c. **Phone.** There shall be a citywide "Disaster Updates" phone number for employees at home with no computer access. Departments should also have a phone number specific to their department. The Citywide number is (206) 615-0099. This number takes callers to a voice mailbox that the Public Information Office maintains.

d. **Employee Responsibility to Stay Current on Emergency Response.** The employee is responsible for maintaining contact with his/her department regarding job assignments and instructions the department communicates to employees. Since the City expects to provide messages by e-mail, telephone and website, the employee has multiple options to receive the information. The employee is responsible, to the extent feasible, for communicating with his/her supervisor about reporting to work during the emergency. Employees who become ill or need to take care of a sick family member shall notify their supervisor consistent with their department's policies.

2. ESSENTIAL FUNCTIONS, LINES OF SUCCESSION AND DELEGATION OF AUTHORITY

Consistent with their Continuity of Operation (COOP) Plans, in advance of a proclaimed influenza pandemic emergency, departments, divisions and work units

shall identify essential functions, lines of management succession and delegation of authority.[7]

    a. Departments shall predetermine essential functions and non-essential functions, including critical times of the year when certain functions must be performed. (The discharge of certain essential work may be specific to the time of season, year or month or dependent on other factors directly affecting the function.)

        i. Departments shall predetermine personnel who perform essential functions[8] and non-essential functions and the minimum number of staff necessary to perform the functions as well as the optimal level in order to function during the emergency.

        ii. Departments shall identify functions that may be suspended while personnel are assigned to more critical roles. Departments shall identify the time period that the function can be suspended and the functions that may be done on a less frequent basis than would occur under normal conditions.

    b. Departments shall identify additional personnel who have the skills and abilities to perform essential functions. Such personnel may be:

        i. Employees in the same classification series as those who normally perform the function;

        ii. Employees who have previously performed the work and are currently employed elsewhere in organizations with the City; and

        iii. Employees who can be trained either in advance of the need or on the   job as training opportunities arise. Departments shall retain documentation of such training to support appointments to out of class assignments.

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[7] The City and unions shall meet and negotiate where appropriate any identified impacts relating to represented employees being assigned to lines of succession and/or delegation of authority.

[8] When making a determination about which personnel are essential, managers should consider whether employees need to arrange care for school aged children or dependents over 16. In the event that such employees cannot make alternative care arrangements, management may consider modifying their essential personnel roster in advance.

c. Departments shall identify personnel whose functions may not be needed during the emergency so they can be redeployed to critical areas.

    i. Departments shall identify the job classifications for employees who may be available, as well as their individual skills and abilities.

    ii. Department managers and supervisors shall make such skill bank information available throughout the departments and for other City Departments who may be in need of qualified employees.

d. Each department shall predetermine the human resource management and payroll functions as an essential function and shall have a plan of succession and cross-training for the human resource management function. At minimum, three employees shall be trained to perform the human resource management function. Small City Departments with very limited capability to perform these functions at the required depth are encouraged to enter into an inter-departmental agreement with a larger department that could perform these functions for them in case of an emergency.

e. Departments, divisions and work units shall establish a management line of succession plan. A line of succession provides a list of predetermined alternates for key leadership positions in each department, division or work unit.

    i. The succession plan shall be seven to ten employees in depth, where possible. The personnel identified for the line of succession should know the operations of the work unit; have the confidence of the principal to act in his or her absence; clearly understand the scope of the powers and duties delegated to him or her; and clearly understand the constraints, if any, of the powers and authorities she or he will be delegated.

    ii. The succession plan shall clearly identify the names of designated personnel and their regular titles and how they can be contacted. (Consider having the principal's phone, work cell phone, paper and e-mail forwarded to the person who assumes the powers and duties of the principal in his/her absence.)

    iii. The names and order of succession of designated personnel shall be communicated to division and work unit personnel.

iv. The plan shall clearly set forth the powers and duties that will be performed and by whom. The departments shall predetermine the individuals who will have the delegated authority to make decisions and communicate to division and work unit personnel that these individuals will have that authority.

v. If all of the personnel identified for the line of succession are unavailable (which may be the case in small work units where there are a limited number of leadership personnel), the department shall provide for alternate lines of succession that identify other personnel, outside of the work unit, who can assume the powers and duties. The line of succession plan should be updated whenever a pertinent staff change occurs.

vi. Departments shall determine if those in the line of succession may need to be cross-trained in advance and provide such training where needed.

vii. Departments shall construct a method by which those in the line of succession will have access to information and needed items (i.e. computer passwords, calendars for employee approved time off, office keys, file cabinets keys, etc.) should they have to take over leadership responsibilities.

viii. Succession plans shall be documented by division and/or work units and forwarded to the department director.

3. LEAVES

a. Rescission of Pre-Approved Leaves
To address the potential of significant staffing shortages that an influenza pandemic may cause, previously approved executive leave, merit leave, vacation leave, sabbaticals, and compensatory time off may be rescinded in order to provide staffing coverage for services.[9] Managers and supervisors should use the following guidelines to administer the rescission of scheduled leave:

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[9] This does not apply to FML qualified leave.

i. Managers and supervisors should keep an updated calendar of all approved time off and provide access to calendars to those in their line of succession.

ii. Executive leave, merit leave, vacation and/or compensatory time off shall only be rescinded if the supervisor is unable to adequately staff a work unit or project. Executive leave, merit leave, vacation and/or compensatory time off should be rescinded as soon as the supervisor believes that a potential staffing shortage will require that the employee report to work.

iii. Rescission of an employee's leave which is already in progress shall be reasonable based upon the employee's ability to report to work. (Example: it would be reasonable to require that an employee who is on vacation at home to report to work, but unreasonable to require that an employee that is on vacation out of town or out of the county to report to work).

iv. Cancellation of executive leave, merit leave, vacation and/or compensatory time off shall be made in writing, and the supervisor shall have verbal communication with the employee to ensure the employee received the directive.

v. The cancellation of an employee's pre-approved leave request for vacation or compensatory time off shall not cause the employee to lose accrued time off in the event the rescission causes the employee to exceed their allowable accrued amount.

vi. The cancellation of an employee's pre-approved leave request for executive leave, merit leave or a personal holiday shall not cause the employee to lose the time off in the event the rescission causes
the employee to forfeit the unused days at the end of the calendar year. The employee shall be able to carry over the unused days to the following calendar year.

b. Return to Work Authorization
Employees who are ready to return from leave shall contact their supervisor (or a person acting in his/her capacity) for instructions on when and where the employee should return for assignment. Management has the right to temporarily reassign employees to different work sites (See next section.)

4. WORK ASSIGNMENTS, DEPLOYMENT AND RE-DEPLOYMENT

In the event of a proclaimed influenza pandemic emergency, the City may temporarily assign employees to work alternate work locations, job sites, shifts, schedules, out of class assignments, and under the direction of different management and supervisors. In some circumstances, City work may not be available due to the impact of the emergency and the closure of some facilities and functions. The City shall make reasonable efforts to find and assign alternative work for all employees whose regular work is unavailable.

a. **Facility Closure.** The City may temporarily stop performing certain functions or close facilities during a proclaimed influenza pandemic emergency. Such facilities and programs may be shut down and employees may not have work to perform under these circumstances. Employees will be notified not to report to work and will be temporarily without work or pay (see Personnel Rule 3.9.3).

b. **Call Back and Redeployment of Displaced Workers**

   i. Employees who are displaced must communicate with their departments if they are unavailable for call back or redeployment. As facilities re-open and jobs in the same classification in the department at the closed facility or at a different location become available, the department shall call back displaced workers. The department may consider availability, the skills and abilities of the employee to perform the call back, or redeployment assignment and seniority to determine the order of call back and redeployment.

   ii. Should an employee be displaced due to the closure of the worksite or job function pursuant to this policy (Facility Closure) the employee may notify the department that s/he is available for other job assignments in the department or elsewhere in the City within the same job classification or in other classifications where the employee meets the minimum qualifications.

   iii. The Department shall make reasonable efforts to redeploy current employees who are displaced for jobs for which they are qualified when positions are available or notify the Personnel Department of the availability of those employees to work.

c. **Redeployment of City Employees to Other Departments and City Functions.** Employees who are displaced or who perform non-essential functions may be able to meet the staffing needs for essential services being performed by a different City Department. In order to facilitate the assignment

of an available employee to another City Department, the departments involved shall enter into an interagency agreement regarding the assignment. In order to ensure that the Personnel Rules and Policies and the labor agreements are applied consistently, the MOA will authorize the 'home' Department Head or appointing authority to delegate his authority with respect to the employee to another department head. The employee would then report to his/her appointing authority through the designated alternative appointing authority and all rules and labor agreements would remain in effect.

5. CLASSIFICATION AND COMPENSATION

Out-of-Class Minimum Qualifications. Existing policies and collective bargaining agreements that require employees to meet the documented minimum qualifications of the classification to which they are receiving an out of class assignment may be suspended, except for required licenses, certifications and safety standards. In such cases, an employee who works in an out-of-class assignment shall receive out-of-class pay.

6. LABOR RELATIONS

a. **Grievances and Civil Service Appeals.** In the event of an influenza pandemic emergency, the timelines for filing grievances and civil service appeals by represented employees will be suspended for the duration of the emergency, in order to allow the City, Unions, and/or City employees to process, file, and respond to a grievance or appeal. However, nothing prevents the City, Union, and/or City employees from mutually agreeing to another timeline during the emergency.

b. **Role of Labor Relations Division.** To ensure the continuity of delivering essential City services, the Labor Relations Director or an assigned Labor Negotiator shall be available as a liaison between City departments and the City's Unions. Duties will include general communication, contract administration and interpretation, and discussion and negotiation of changes to wages, hours and working conditions associated with the special circumstances of the emergency.

7. ALTERNATIVE WORKERS

a. **Contingent Workforce**

The City of Seattle in the event of a proclaimed influenza pandemic emergency may utilize temporary workers subject to Collective Bargaining Agreements, Seattle Municipal Code and Personnel Rules to support staff absences within compliance of state law, legal settlements and Personnel Rule 11. Departments should pre-plan and identify areas where contingent workers may be needed.

b. **Redeployment Program**
Departments shall create procedures to allow employees to be reassigned within or between other City Departments and within individual departments in order to perform critical or essential City functions which are similar to each employee's current job classification. Departments will need to ensure redeployed employees meet background check and/or minimum requirements where required by the job.

c. **Emergency Volunteers Program**
The Personnel Department will administer the Citywide Volunteer Emergency Worker Program upon activation of the City's Emergency Response Plan and Emergency Declaration.

    i. Departments should first utilize City employees before hiring temporary replacements to perform needed work and then look to volunteers.

    ii. All requests for non-paid volunteers shall be submitted to the City's Emergency Operations Center (EOC) or the Personnel Department's operating location. The registration process and associated rules are detailed in the Personnel Department Annex to the City Plan. Volunteers must sign a waiver and release form.

d. **City Employee Volunteers**
Individuals who are employed by the City of Seattle may not volunteer their services, as an unpaid volunteer, to work in their own or other city departments (with the exception of those programs discussed in Section (c.) above).

    i. There is no restriction of volunteer work with other organizations that are not part of the City of Seattle government. However, this volunteer work must not interfere with an employee's regularly scheduled work or any reassigned work.

8. BENEFITS

Departments will continue to direct employees to medical providers, EAP and other health care provider resources they may need to cope with illnesses (their own or those of family members). The Personnel Department will provide links and phone numbers for each plan's providers.

The Personnel Department will maintain close contact with plan providers to get new information (i.e., availability of vaccine or other new developments) and will disseminate that information to employees as quickly as practical.

9. SAFETY

Coordination of workplace safety and health issues will be coordinated by the Safety Unit within the Personnel Department. The Safety Unit will provide expert advice and training in hygiene and safety precautions aimed at slowing the spread of germs. They will provide 24/7 availability via phone, e-mail or website to consult and/or work from home with seasoned health and safety expertise.

10. WORKERS COMPENSATION

Influenza is not generally considered to be an occupational disease. All workers compensation claims filed by employees for the pandemic flu will be evaluated for compensability pursuant to Washington state law.

11. EMPLOYEE ASSISTANCE PROGRAM

Departments shall continue to provide current information on these services and refer employees.

   a. The Wellspring Family Services EAP (WFSEAP), City of Seattle EAP provider, has provided a website (http://info.wfseap.org/) with a feature section providing information about pandemic flu, family planning and business planning.

   b. If an influenza pandemic emergency were proclaimed in Seattle, WFSEAP is prepared to provide supportive counseling and information and referral services via telephone. If necessary, their IT system allows the EAP team to access their Information and Referral database from their homes. Additionally, if travel is restricted, phones can be redirected from the call center to staff residences to provide services. They would suspend face-to-face services for that period of time until the County Health Department indicates that the high risk period has passed. See **http://www.seattle.gov/personnel/resources/benefits_documents.asp** for questions about this service.

12. TRACK PANDEMIC RELATED ABSENCES

Departments should review FEMA reimbursable labor costs and create payroll codes for pandemic absence reporting (i.e. employee ill, employee caring for sick family members, employee exposed, bereavement, employee redeployed, employee out-of-class for pandemic reassignment). A code will be added within HRMS to identify influenza pandemic related absences. Employee absence tracking and service impact tracking will be done via WebEOC.

APPENDIX: EXISTING POLICIES, AGREEMENTS, AND DIRECTIVES

SUBJECT INDEX

Alternative Work Schedules………………………………………………………….*Personnel Rule 9.1*
SMC 4.20.170

Collective Bargaining Agreements………………………………………….…………SMC 4.04.120
*(See labor contracts at **http://inweb/personnel/union/agreements.asp** or*
***http://www.seattle.gov/personnel/resources/agreements.asp**)*

Disaster Response…………………………..…..…….. *Personnel Rule 3.9*

Facility Closure…………………………………………………………….…..Personnel Rule 3.9

Family Medical Leave…………………………………………………………………*Personnel Rule 7.1*
SMC 4.20 & SMC 4.26
Family Medical Leave Act (FMLA) 29 CFR 825.100 et seq
City of Seattle Family Medical Leave Ordinance 109733
Washington Family Care Act (WFCA) (RCW 49.12.270 & WAC 296-130)
Washington Family Leave Act (WFLA) (RCW 49.78)

Fit for Duty Medical Examination……………………………………………………*Personnel Rule 8.3*

Funeral Leave……………………………………………………………………………*Personnel Rule 7.8*
SMC 4.28

Leaves of Absences……………………………………………..………………………*Personnel Rule 7.3*
(see 7.3.3 B.3 regarding medical release to return to work)
SMC 4.20

Out of Class Pay……………………………………………………………………*Personnel Rule 3.5*
SMC 4.20

Overtime…………………………………………………………………………….*Personnel Rule 3.6*
SMC 4.20

Rest and Meal Periods……………………………………………………………………*Personnel Rule 9.3*
WAC 296.126.092

Sick Leave and Sick Leave Transfer………………………………………………..*Personnel Rule 7.7*
(see also 7.7.3 J regarding medical release to return to work)
SMC 4.24

Standby Pay…………………………………………………………………..……*Personnel Rule 3.8*
SMC 4.21

Telecommuting……………………………………………………………………..*Personnel Rule 9.2*
(see also Personnel Rule 9.2.9 on Equipment,
Software, Files, Documents, and Other Materials)

SMC 25.02.040.B.3.o
City Ordinance No. 117503

Temporary Employment……………………………………………………………*Personnel Rule 11.0*
(see also Personnel Rule 11.5 regarding temporary
assignments of 5 business days or less)
SMC 4.04.280;

Vacation……………………………………………………………….......*Personnel Rule 7.5*
SMC 4.34

Volunteers: City Employees and General Public…………………………………….. *SMC 10.02.090*
RCW 38.52

Workers' Compensation, Civilian and Uniformed Police……………………………………….*SMC 4.44*
RCW 51.32.180
RCW 08.140
(see also **http://www.seattle.gov/personnel/services/workerscomp.asp***)*

Workers' Compensation, Firefighters……………………………………………………………….*SMC 4.44*
RCW 51.32.185

Appendix J: Pandemic Influenza Emergency Planning Checklist

The following checklist is intended to assist City agencies in addressing some of the key issues of pandemic planning. This checklist should be periodically updated through the DMC and the status tracked and reported.

Task	Not Started	In Progress	Completed
Business Continuity: Essential Services			
Inventory and prioritize essential services.			
Identify positions required to support essential services and develop overall staffing plans to help ensure maintenance of those services.			
Identify operating and other supplies requirements.			
Identify interdependencies with other agencies (internal and external) and develop a mutual understanding for how a pandemic is likely to affect those interdependencies.			
Develop alternative sourcing strategies where necessary and formalize those strategies through written agreements where practicable.			
Business Continuity: Appropriate Authorities			
Assign key staff to develop, maintain and act upon pandemic influenza preparedness and response plan.			
Determine who will serve as the department or agency pandemic liaison. Be sure to select a critical thinker and facilitator with overall knowledge of the organization.			
Determine the potential impact of a pandemic on the department's usual activities and services. Plan for situations likely to result in an increase, decrease or alteration of services the department or agency delivers.			
Determine the potential impact of a pandemic on outside resources or services the department depends on to deliver its services.			
Business Continuity: Line of Succession			
Establish a written line of succession for key leaders, managers, and essential employees.			

Task	Not Started	In Progress	Completed
Determine how authority will be delegated or transitioned.			
Identify and train essential staff (including full-time, part-time, retirees, and unpaid or other volunteer staff).			
Outline what the organizational structure will be during an emergency. The outline should identify key contacts with multiple backups, the roles and responsibilities of those key contacts, and reporting structure.			
Determine the skill sets or knowledge required to sustain essential services.			
Evaluate and list positions with skill sets that can be shared or cross-trained and which positions could be reallocated to similar functions elsewhere in the department, agency or City.			
Business Continuity: Logistics			
Update department or agency logistics planning assumptions.			
Coordinate with DOF to ensure the department's strategy is consistent with DOF's financial planning assumptions.			
As feasible, obtain supplies required to sustain essential services during a pandemic. Coordinate with other City agencies that have similar needs and work with DEA and FFD on procurement and storage strategies.			
Business Continuity: Critical Files, Records, or Databases			
Review IT planning assumptions based on revised business priorities.			
Determine which critical systems need to be running to support essential services.			
Identify and prioritize those systems that could be taken off-line to maximize capacity.			
Determine which employees must access vital files, records, and databases needed to support essential services and what access method will be used. Coordinate with DoIT for access.			

Task	Not Started	In Progress	Completed
Coordinate any additional or special application or end user support needs with DoIT early in the business continuity planning process.			
Business Continuity Testing			
Determine how the department will test its pandemic influenza planning (for example, assess whether a tabletop exercise can test the plan sufficiently.)			
Determine what internal and external partners the departments needs to coordinate testing efforts with to ensure due diligence.			
Determine the frequency of testing.			
Exercise and use the results from the hot wash and after action reports to drive updates to department plans and those of key partners.			
Inform staff and other key stakeholders of the testing results.			
Citywide and Inter-jurisdiction Planning			
Establish a Pandemic Preparedness Coordinating Committee that represents all relevant stakeholders in the City (including governmental, public health, healthcare, emergency response, education, business, communication, community-based and faith-based sectors, and private citizens) to support the development and execution of the City's operational pandemic plan.			
Delineate accountability and responsibility, capabilities, and resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.			
Ensure that the operational plan is complementary to Emergency Support Function 8 and is compliant with National Incident Management System and supportive of the Seattle Disaster Readiness and Response Plan.			
Formalize agreements with neighboring jurisdictions and address communication, mutual aid, and other cross-jurisdictional needs.			

Task	Not Started	In Progress	Completed
Determine how PHSKC and OEM staff will coordinate on messaging issues, keeping in mind that the role of managing messaging shifts from PHSKC to OEM once the EOC is activated to "Emergency Management Increased Readiness" level.			
Ensure existence of a demographic profile of the community (including special needs populations and language minorities) and ensure that the needs of these populations are addressed in the operation plan.			
Address provision of psychosocial support services for the community, including patients and their families, and those affected by containment procedures in the plan.			
Department/Agency Communications Strategy			
Determine what and how to communicate with employees and critical staff on a scheduled basis during a pandemic. This includes identifying: ✔ Who needs to be notified or included in communications; ✔ How those communications will occur, and the frequency with which they will occur; ✔ How content will be developed and vetted by subject matter experts and emergency management and senior leadership staff.			
Determine how the department or agency will carry out pulse checks regarding staffing, service demands, and morale. It is critical to establish a feedback loop.			
Determine the number of staff and/or locations that will require access to teleconference or video conference equipment. This will assist the Department of Information Technology (DoIT) in their efforts to address systems capacity.			
Department/Agency Policy Considerations			
Assess department or agency policies for compatibility with the guidance developed by the Personnel Department on leave and compensation during a pandemic.			

Task	Not Started	In Progress	Completed
Review department- or agency-specific policies that interpret City policy for specific work areas. In the event of a pandemic, flexibility to react to changing conditions is vital for continuation of critical functions and essential services. As a result, departments or agencies must assess their specific policies to ensure they are conducive to protocols introduced during a pandemic as well as compatible to any changes to City policy to respond to a pandemic.			
Evaluate and resolve policy/legal conflicts to ensure recommended responses are capable of implementation. For example, can the City Council telecommute and still conduct official City business?			
Personal Protection and Basic Sanitation			
Ensure alcohol-based hand and workspace surface cleaners (desks, keyboard, telephone handsets, etc.) are deployed, employees trained in their use, and public education materials properly displayed.			
Monitor to ensure proper use of all sanitation supplies occurs no later than Pandemic Phase 4.			
Determine the number of employees who will be performing under conditions that entail <u>unavoidable</u> face-to-face contact. As needed, deploy face masks and eye protection and ensure that devices fit properly and that employees have the necessary guidance to ensure safe usage.			
Evaluate which supplies are critical to maintaining essential services, and take the necessary steps to ensure the availability of these supplies during the pandemic lifecycle.			
Family Support			
Evaluate the depth of employee assistance services currently utilized, and identify how those services might change during a pandemic. A pandemic will have profound effects on all, but employees who remain at work, especially for long periods of time, will be under increasing stress and must be supported at work as well as in their family and community.			

Task	Not Started	In Progress	Completed
Consider what the department can do to assist employees and their families. It is important to ensure that sick family members do not come to work and that healthy members feel confident their family is cared for so that they are willing to come to work.			

Appendix K: Pandemic Influenza Emergency Information Technology Plan

As a key part of a social distancing response to an influenza pandemic, some City employees may be directed to work from home or may request approval to do so. While telecommuting is not appropriate for all employees, and no employee is automatically entitled to or guaranteed the opportunity to telecommute, the City can expect the number of telecommuters to increase substantially during a pandemic. Most employees who do telecommute will, in order to perform their daily tasks, require access to at least some of the City's information technology resources, such as e-mail, electronic files, and selected business applications. The City must take steps now to ensure that it can meet the communication and access needs of employees working at home during an influenza pandemic.

During an influenza pandemic the City of Seattle may also face difficulty in supporting its extensive and complex IT infrastructure, including hardware, software, and applications. In order to prepare for this challenge and to ensure that it can sustain those systems that support its essential services, the City must prioritize the systems that it will support, and it must document roles, responsibilities, and processes for allocating resources.

To prepare for an influenza pandemic, the City must:

- Ensure that the technology systems required to maintain the City's critical business functions will operate effectively during a pandemic.

- Ensure that City of Seattle employees who have been approved to telecommute can work productively at home by providing them with access to the City IT resources needed to perform their jobs (e.g., telephone conference bridges, files, databases, e-mail and other applications).

This Information Technology Plan supports the City in meeting these objectives by:

- Identifying and prioritizing essential IT systems.

- Allocating responsibilities for system maintenance and operations in the event of an influenza pandemic.

- Providing managers within departments the information they need to determine whether their staff members are good candidates for working remotely, and if so, the best method of providing network connectivity for each staff member.

- Providing the information employees working at home require to connect to the City network and to access City voicemail.

- Outlining responsibilities regarding IT support during a pandemic.

- Describing City strategies for maintaining IT security during a pandemic while enabling more City employees to telecommute.

Allocation of Responsibilities

To ensure that its employees can remotely support its essential services during a pandemic, each City of Seattle department is responsible for completing the following tasks:

- Identification and prioritization of its essential services.

- Identification of the computer applications and systems that are necessary to support essential services (See Attachment K-1.)

- Identification of employees who require access to the applications which support essential services.

- Determination of employee business communication requirements, including selection of those individuals who need remote access and determination of their hardware, application, and voice communication requirements.

- Determination of individual employees' method of access to the City of Seattle's network: Web access to GroupWise only, standard VPN connection and use of Citrix, or non-standard VPN connection.

- Establishment and execution of policies and procedures for its employees who may work at home, consistent with City Personnel Rule 9.2 (**http://www.seattle.gov/personnel/personnelrules/rule_9.2.asp**), regarding:

    o Acquisition of equipment (PCs, laptops, network interfaces, peripherals, accessories, etc.) for employees working at home.

    o Acquisition of software licenses for employees working at home.

    o Establishment of an Internet connection for employees working at home.

    o Support of desktop or laptop PCs for employees working at home.

Seattle City Light and Seattle Public Utilities have the following additional responsibilities to:

- Maintain and support their departmental data networks.

- Maintain and support their departmental implementations of GroupWise and GroupWise Web.

- Maintain and support their departmental Citrix environments.

- Maintain and support their departmental Service Desks.

- Assist in maintaining and supporting the City's VPN services.

The Department of Information Technology has the following additional responsibilities to:

- Maintain and support the City's telephone system, including providing instructions on how to forward telephones and how to access City voicemail boxes remotely.

- Maintain and support the City's backbone data network.

- Maintain and support the City's VPN remote access technology and procedures.

- Maintain and support GroupWise and GroupWise Web for all departments except Seattle Public Utilities and Seattle City Light.

- Maintain and support the City's Citrix environment for all departments except Seattle Public Utilities, Seattle City Light, and the Human Services Department.

- Maintain and support the City's IT Service Desk for all departments except Seattle Public Utilities and Seattle City Light.

- Provide capacity for teleconferencing bridges to support telecommuters.

The Human Services Department has the additional responsibility to maintain and support their departmental Citrix environment.

Remote Communication

There are approximately 12,500 City of Seattle employees. Of these, nearly 5,000 work primarily in City offices and rely on the City's voice and data networks in order to perform their normal work tasks.

The City of Seattle's network infrastructure includes both a voice and data network used primarily for telephony and data communications respectively. The voice network links approximately 11,500 telephones to the public switched telephone network (PSTN) and provides 5-digit dialing for internal calls. The data network provides the connectivity to all employee desktop PCs, data centers, and departmental servers throughout the City.

When working remotely, City employees with GroupWise e-mail accounts can access their GroupWise e-mail and calendar remotely via a Web browser through GroupWise Web at **https://gwweb.seattle.gov/**.

However, those who need access to the City's data files, applications, or other resources require a means of connecting to the City. Such access can be established via the Web using a Virtual Private Network (VPN) connection in concert with Citrix service.

Some City employees who spend a significant amount of time working remotely already have this connection in place. In the case of an influenza pandemic, it is anticipated that many more employees, at their departments' discretion, will require this mode of access to the network in order to remain productive.

During such an emergency, it would be extremely difficult, if not impossible, to obtain new communications services quickly. It is estimated that significantly increasing the number of concurrent City employees who can access GroupWise Web would take three to four months to implement even under normal circumstances. Similarly, increasing the number of Citrix accounts would take three to four months under normal circumstances. Therefore, it is imperative that all preparations for remote network access be made well in advance of an emergency that necessitates the use of these services.

Remote Access Requirements Survey

To support advanced preparations for an influenza pandemic, all City departments were provided with information about the number of their employees currently enrolled for VPN or Citrix access and were asked to complete a questionnaire indicating their expected levels of remote access during a pandemic. Their responses, received in April and May, 2007, are included in **Table K-1**.

Table K-1: Departmental Remote Access Requirements

Dept.	Expected GW Web	Current VPN	Expected VPN	Current Citrix	Expected Citrix
DEA		24	24	3	3
DOF	39	35	39	2	2
DoIT	250	123	123	47	100
DON	60		15		5
DPD		74	74	102	102
Executive		16	16	1	1
FFD	157	20	71	1	3
HSD	320	81	162	0	0
Law		4	4	0	0
Legislative	50		25		10
OIR	10		4		1
OPM					
OSE					
Parks		0	80	0	0
Personnel	17	3	13	0	0
Police Pen		2	2	2	2
Retirement					
SCL	1600	313	313	385	385
SDOT	80	50	60	1	40
Seattle Center		12	12	0	0

Dept.	Expected GW Web	Current VPN	Expected VPN	Current Citrix	Expected Citrix
SFD	1100	29	70	0	0
SMC		31	31	0	0
SPD	250	7	12	1	7
SPL					
SPU	1000	531	510	299	510
Total:	4933	1355	1660	844	1171

The departmental survey indicates that the majority of City of Seattle employees who need remote access will obtain that access via GroupWise Web, which happens to be the easiest application to learn and to support.

Of those employees projected to require VPN or Citrix access, approximately 1,600 will need VPN access, including 1,200 who will use Citrix. The projected number of VPN and Citrix users is expected to be only slightly higher than the number of employees enrolled on those services today. However, the actual number of concurrent sessions is expected to be much higher during a pandemic emergency than it is during a normal business day today.

Assumptions and Findings

The procedures and recommendations contained in this Information Technology Support Plan are based on the following assumptions:

- **City of Seattle voice and data systems and network infrastructure will remain fully operational.** Although an influenza pandemic is an emergency situation and represents an alternative working environment, it would not disrupt the infrastructure as a natural disaster or terrorist attack might. Staffing and supply chain issues are the primary challenges to ensuring the infrastructure remains operational.

- **It will be difficult, if not impossible, to obtain new communication services quickly once a pandemic influenza emergency develops.** During a pandemic, the impact on service providers coupled with the sudden increase in demand will make it difficult to acquire new services (*e.g.* high-speed Internet connection at home). An influenza pandemic will affect everyone in the area—local government, businesses, utilities, and private citizens. Therefore, employees who require an Internet connection, computing or communications device, or other product or service, must acquire, install, and test them well in advance of a pandemic.

- **Technical support will be provided by the same organizations responsible for providing support under normal conditions.** Departments and agencies

that rely on their own staff for desktop, network, or application support will continue to do so during an influenza pandemic and should address the need for back-up through their Line of Succession planning. Such departments may also want to explore contracts with external service providers—other City departments or third-party providers—for additional support. However, those providers will likely be stretched thin during a pandemic while responding to their current customers' needs. Departments and agencies that currently have arrangements for support by other departments or outside vendors should review those agreements and prioritize their applications and services, should reductions in service levels be necessary.

▪ **No increase in network bandwidth is required.** Because internal network traffic is not expected to exceed normal levels, it will not be necessary to increase the bandwidth of the network links internal to the City network.

A review of survey results and discussions with departments yields the following additional findings:

▪ **Most remote access users will be e-mail users.** Based on survey results, most employees who need electronic communication access will be served by GroupWise Web. Because it can be used from any PC with an Internet connection, GroupWise Web is the simplest solution for both the City and its employees. The e-mail functions of GroupWise Web do support attached documents of up to 12 megabytes per e-mail, so GroupWise Web users can exchange text documents, spreadsheets, and most other common file types.

▪ **Most employees who need access to applications and shared files will use VPN to access the City's network and Citrix to access application and file resources.** The City provides Virtual Private Network (VPN) access to the City network (except Police) via the Web. This access method provides a secure means of connecting remote computers to the City's network. In addition, the City provides Citrix services to enable employees to gain access to the necessary applications and shared files.

▪ **The City has adequate VPN capacity to handle an increased number of VPN users.** The City's current VPN infrastructure can accommodate 2,000 concurrent users, which should be adequate to handle the number of users anticipated by departments to require VPN access. While the City is currently licensed for only 250 concurrent users, additional licenses can be added as needed.

▪ **The Citrix environment may not have the necessary capacity to handle a large increase in the number of concurrent users.** The Citrix environment is complex and expensive to maintain; DoIT's current configuration can only support 80 concurrent users. An increase in capacity requires the addition of more servers and licenses.

▪ **Some departments are considering temporary use of a non-standard connection to the City's network using VPN without Citrix service.** Currently, this requires the use of a City-owned and managed computer. In response to this need, however, DoIT, City Light, and SPU are developing a boot

disk or memory stick that will provide VPN access to employees from their personally owned computers with appropriate security automatically provided.

IP Network Communication

The City has established three primary ways of connecting externally to the services of its data network: GroupWise Web access, VPN access, and Citrix access. Each of these methods of access is intended to serve a particular set of user requirements.

Users needing access to e-mail only are good candidates for GroupWise Web, assuming they have the desktop applications they use (e.g. Word, Excel, PowerPoint, Visio, Project, etc.) installed on their computer at home. GroupWise Web users can access the City's GroupWise e-mail/calendar system and any documents and files stored in shared GroupWise folders to which they have been given access.

Users needing secure access to City applications and shared files in order to perform their job-related duties are good candidates for the City of Seattle Standard VPN connection, Virtual Private Network (VPN) access in concert with Citrix service. – These users include, but are not limited to the following:

- Employees regularly using specialized applications such as Summit, HRIS, CCSS, and others.
- Employees needing access to City servers, databases, printers, etc.
- Employees needing a "City identity" to access certain secure external sites.

Users needing secure administrative access to the City's computing and communications infrastructure, systems, applications, and databases in order to perform their job related duties are good candidates for the City of Seattle non-Standard VPN connection, Virtual Private Network (VPN) without Citrix service. These users include, but are not limited to the following:

- IT staff responsible for computing and communications administrative functions (e.g., telephone and data networks, servers, databases)
- Employees supporting specialized applications such as Summit, HRIS, CCSS, and others.

The following sections provide information about these three access methods, including the requirements for using each one and the advantages and disadvantages of each.

GroupWise Web Access

Any City employee with a GroupWise e-mail account can access that account for e-mail and calendaring via a Web browser. Once in a GroupWise Web session, the user can send and receive e-mail, attach documents and save documents sent by others; schedule meetings, perform busy searches; and access address book information.

To connect to GroupWise WebAccess

1.   Go to **https://gwweb.seattle.gov**

2.   Read the acceptance agreement, and then click **Agree**.

3.   Type your **username** and **password** in the WebAccess Login field These are the same credentials you use when logging into GroupWise in the office.

4.   Click **Login**. GroupWise WebAccess opens and displays your inbox.

For more information about GroupWise, see the GroupWise WebAccess User Guide at **https://gwweb.seattle.gov**.

Standard VPN Access

The City of Seattle's Standard VPN Access is a service composed of Virtual Private Network (VPN) access in concert with Citrix service.

A Virtual Private Network (VPN) is a private network which contains one or more links mapped over a public network such as the Internet. The links over the public network are established in a secure manner that prevents any exchange of traffic between the private and public networks (generally some form of encrypted encapsulation). Each link, for all practical purposes, behaves like a link established over a dedicated private line (e.g. leased circuit, private cable or fiber, etc.) resulting in a network that is "virtually private;" hence the name Virtual Private Network or VPN.

Citrix is a service which provides a layer of security for users who need to access City data and applications from a remote (non-City network) location. The Citrix server functions as an intermediary between the user's computer and the City network, managing access to applications and other services, and adding security against network access from unknown devices.

Together, the VPN access and Citrix service enable users to connect securely to the City's data network and access applications and shared files and print services.

In order for City employees to be granted Standard VPN Access with Citrix service they must have the following:

- A VPN account.

- A Citrix account.

- An Active Directory account.

- A computer with Internet access, a Web browser, and up-to-date anti-virus software.

Users must also submit a signed VPN Acceptable Use Agreement and a signed Citrix Account Service Level Agreement to DoIt. A copy of each of these forms is included as Attachment K-4 and Attachment K-5 respectively.

For DoIT supported departments, a $400 set-up fee and a $60 monthly maintenance fee for the Citrix account are also required.

The ideal user for a City of Seattle Standard VPN Access connection is an employee working from home or from another remote location who may or may not have access to a City-issued computer. This user has a strong business need for extended or regular use of City networked applications, data, or services. This would include:

- Employees who regularly use specialized applications such as Summit, HRIS, CCSS, and others.
- Employees who need access to City servers, databases, printers, etc.
- Employees who need a "City identity" to access certain secure external sites.

The advantages of VPN access with Citrix service are that:

- The employee has access to authorized network services from his or her own computer.
- Non-web applications typically run faster in this environment.
- It keeps City data on a City-owned and secured network platform, preventing it from being compromised as it would be if it were on a stolen laptop or home computer.

The disadvantages of VPN access with Citrix service are as follows:

- The employee is responsible for providing a computer capable of loading client software for Citrix access.
- The Citrix network is complex and may be difficult to maintain during a pandemic emergency.
- Some applications may not be able to run on a Citrix platform.
- There may be higher operations and support costs.

Non-Standard VPN Access

The City of Seattle's Non-Standard VPN Access is a service composed of Virtual Private Network (VPN) access directly to the City's data network without using Citrix service as an intermediary.

In order for City employees to be granted non-standard VPN Access they must have the following:

- A VPN account.
- An Active Directory account.
- A City-issued computer with a certificate, an Integrity client, appropriate virus protection, and updated Operating System (OS) and anti-virus updates or, when available, a City-issued boot disk or memory stick which provides the appropriate certificate, client, virus protection, and operating system on the user's computer.

Users must also submit a signed VPN Acceptable Use Agreement to DoIt. A copy of this form is included as Attachment K-4.

The ideal user for a Non-Standard VPN connection is an employee who is responsible for the operations of critical City communications and computing infrastructures, systems, applications, and databases. Such employees are typically on-call staff who must be able to access these systems to perform maintenance, resolve problems, install critical patches, or administer their operations. Examples of employees with this type of access include IT staff responsible for computing and communications administrative functions related to the telephone and data networks, servers, and databases and employees supporting specialized applications such as Summit, HRIS, CCSS, and others.

The advantage of non-standard VPN access is that the employee has access to authorized network resources to ensure the City's infrastructure is available to City users.

The disadvantage is that non-standard VPN access requires a fully up-to-date and certified City-issued laptop or a personally owned computer capable of loading an operating system from a City-issued boot disk or memory stick.

Table K-2 summarizes the advantages and disadvantages of the three remote access methods described in the preceding sections:

Table K-2: Remote Access Summary

	GroupWise Web Access	**Standard VPN Access via Citrix**	**Non-Standard VPN Access**
Description	Remote access to GroupWise via a Web browser	Remote access to data network from non-City-issued computer using a Web-based Citrix service	Remote access to data network from City-issued computer or from a non-City issued computer using a City boot disk or memory stick
Advantages	Easy to use Full e-mail and calendar functions Low security risk	Access to applications that will only run remotely under Citrix	Full access to authorized network resources for maintenance of critical infrastructure
Disadvantages	Limited to GroupWise No access to shared files or other apps.	Citrix network is challenging to support There are some set-up and ongoing charges	Requires a City-issued computer or City-issued boot disk or memory stick for employee's personally owned computer
Ideal Users	Users who only need to read and send e-mail, manage calendar	General employees without infrastructure support responsibility	IT Administrators and Technical Staff

Working Offline

While it is important for many City employees to have the option of remote access, all City employees should consider the benefits of working offline (i.e. running applications such as Word on the remote computer without always being connected to the City network.) Often, City employees spend their time on tasks such as writing reports or preparing spreadsheets that do not require access to the network. Working offline in such cases significantly reduces the amount of time the remote worker needs to be connected to the City Network.

The advantages of working offline are as follows:

- There is no network dependency, so users do not have to worry about network problems potentially disrupting their work.

- The security of both the City network and the remote computer is highest when not connected.

- The remote user should experience better performance of individual applications when they are used locally or offline, as compared to using them over the network.

The disadvantages of working offline are as follows:

- Software used while working offline (e.g., Word or Excel) must be installed on the computer that is being used.

- The remote computer must have sufficient disk space for the programs and files.

- The remote worker will not be alerted to incoming e-mail while not connected.

Remote PC Requirements

At a minimum, employees using GroupWise Web must have a working computer with a network interface, a standard operating system (Windows, MacOS, Linux, other Unix, etc.) configured for Internet access, and a Web browser (Internet Explorer, Netscape, Firefox, etc.).

Employees accessing the City network via Citrix must have a computer with an Internet connection, Web browser, and up-to-date anti-virus software. There may be additional or more specific requirements, depending upon what the employee needs to do. System requirements for applications are generally included with the product description and/or installation instructions.

Employees who will be using Non-Standard VPN access to the City data network must have a City-owned and managed PC or laptop with software installed and configured to support this method or must have a personally-owned computer capable of loading the current version of the City-issued boot disk or memory stick for VPN.

Internet Connectivity

Employees working remotely must also have Internet connectivity. A high-speed Internet connection (a connection capable of providing download speeds in the vicinity of 1 megabit per second or greater) such as DSL (Digital Subscriber Line) or digital cable is preferred, as it will do the best job of recreating the experience of working in the office in terms of system response time. Depending upon the specific needs of the remote worker, a lower speed connection (low-speed DSL or dial-up) may be sufficient to meet business needs. Departments are responsible for determining whether their remote workers need a high-speed Internet connection. Arrangements for new Internet connections should be made well in advance. When a pandemic influenza emergency develops, it is likely to be difficult to get new broadband service established quickly, if at all.

Network Security

Limiting remote access to the City data network will reduce the security issues associated with remote computing. Nonetheless, employees must take responsibility for the physical security of their remote access computers (preventing loss or theft of the devices and ensuring that they are not accessible for unauthorized use.) Employees must also take reasonable precautions to protect their individual passwords and other access rights and privileges. In addition, employees must safeguard the information with which they are working and shall not copy any personal data (e.g., customer, personnel, or credit card records) to computers provided by the City. Employees should log off the network or GroupWise Web when they finish their work, when they take an appreciable break, or when there is a possibility that someone might use the computer while the employee steps away.

Employee-owned computers that are used for GroupWise Web access or Standard VPN Access via Citrix must have a current anti-virus software package installed. Employees are responsible for purchasing and installing anti-virus software on their personally owned computers and keeping the anti-virus definitions up to date. Employee-owned computers that are used for Non-Standard VPN access must use a City-issued boot disk or memory stick to obtain access. The software loaded from the boot disk or memory stick will provide additional levels of security and protection.

A complete library of the City's IT security policies, standards, procedures, and related guidelines can be found at **http://inweb/technology_security/policy.htm**.

Prioritization and Mandatory Restrictions

The City is in the process of upgrading components of its network infrastructure in order to handle the anticipated level of network traffic during a pandemic; for example, additional servers are being purchased and installed to expand the City's ability to accommodate larger numbers of GroupWise Web users. Nonetheless, a combination of increased usage and reduced support staff may affect access and response times. It is possible, therefore, that restrictions may have to be imposed on access to City network services.

The Chief Technology Officer shall have the authority and ability to rescind or restrict access to the City's data network. (Restricted access may include, for example,

limiting some users such as those uploading financial or payroll records to non-peak hours.)

The Chief Technology Officer shall prioritize access to the following types of users:

1. Network support staff and other technicians whose access is required to maintain and support the City data network, its components, and its access mechanisms.

2. Staff who are directly involved with emergency management and who use the City network to share or communicate information supporting the City's ability to respond to an influenza pandemic.

3. Staff who require network access to perform work in support of essential services related to the health and safety of Seattle residents or the City's workforce.

4. Staff who require network access to perform work in support of other essential services that directly impact Seattle residents.

5. Staff who require network access to perform work in support of essential services that sustain the City's ability to function over time, including human resources, payroll, procurement, and financial services functions.

6. Staff who require network access to perform non-essential but important work that supports the functions of government and the quality of life in Seattle.

Implementation and Testing

Consistent with the lists of responsibilities identified in this appendix, departments are responsible for all employee setup related to remote access, and for ensuring that any employees who will be working at home have successfully tested their connectivity and access. These tests can be performed in the current network environment with standard support from LAN Administrators and DoIT.

Attachment K-5 provides a summary checklist for obtaining remote access as well as contact information for support.

Voice Communication

Most employees who will be telecommuting already have the voice communication devices they will need to work remotely: a home telephone and, in many cases, a cell phone. With their own telephones, City employees will be able to:

- Access the City voicemail system.

- Receive telephone calls automatically forwarded to them from their City phone number. (This option should be used only in exceptional cases, as it places a double-burden on the City phone system.)

- Receive telephone calls routed to them by a City Automated Call Distributor (ACD) system (e.g., a Utility Call Center call.)

- Participate in conference calls that have been established through one of the City's conference calling services.

Employees who need to schedule conference calls will have some limited ability to do so. However, many residential phone services now provide 3-way conference calling as a standard feature. These and other service issues are addressed in detail in the sections that follow.

Access to the City of Seattle Voicemail Systems

The City voicemail system is expected to be fully operational during an influenza pandemic. However, the way in which the voicemail systems are used may change because many employees will not be working in the office. For example, employees working offsite are likely to rely heavily on voicemail. They may wish to change their greeting to alert callers of their situation and to provide sufficient information to reduce the need for a conversation. They may also wish to include reference to a cell phone number or the number at which they will be working. Note, however, that forwarding a City phone to another number outside of the City's telephone network will completely bypass the City voicemail system. That is, calls will not go to the City voicemail system if the caller is forwarded to a number which is busy or the call is not answered. Only if the number to which the phone is forwarded is a City network number (5 digits) will the voice mail system handle the call properly.

Employees who work offsite can access their City voice mail by dialing (206) 684-7500 and following the instructions they will receive at that number. However, for some employees, calling the City voicemail system to retrieve messages from home incurs long distance charges. City of Seattle Telephone Services provides a toll-free access number for the City's voice mail system. The toll-free number is 1-866-684-7500; it enables callers to check for voice mail messages from anywhere in the United States (including Alaska and Hawaii).

Instructions for using the City of Seattle voicemail systems are provided on the City InWeb site at **http://inweb/technology/tech_infra/telephone/voice_mail.htm**. The voicemail quick reference guide is available at **http://inweb/technology/tech_infra/telephone/callpilotvmquickref.doc**.

Ability to Receive Telephone Calls Directly

Most employees' desk phones provide call forwarding as an option. This option should be evaluated on a case-by-case basis for each employee, but is generally not recommended for employees working at home or other offsite locations.

Forwarding an employee's desk phone to their home phone or cell phone is not recommended because it ties up two trunk lines, which could impact the City's ability to serve its customers. Forwarded calls also bypass the City voicemail system, making it impossible for the caller to leave voicemail on the City's voicemail servers. A caller leaving a message on an employee's home phone or personal cell phone will not know with any certainty that his or her call is being registered and recorded as a City business contact.

In lieu of call forwarding, it is recommended that employees retrieve voicemail regularly or increase their use of e-mail. These alternatives should be sufficient for most employees to keep in touch with constituents.

Making Long Distance Calls

Employees working outside a City of Seattle office may need to make long distance calls in either or both of the following situations:

- The employee is located outside of the Seattle local calling area and wishes to make a call to a Seattle phone number.

- The employee wishes to make a business call to a number which is outside the local calling area.

Employees who are required to make long distance calls from home should do so in the following order of priority:

- Make such calls from their City provided cellular telephone.

- Use a City provided calling card.

- Make calls from their personal telephone and apply for reimbursement for the calls.

Information on the City's prepaid calling card program can be found on the InWeb at **http://inweb/technology/tech_infra/telephone/prepaid.htm**. Instructions for how to use prepaid calling cards are contained in a separate document, included in this package as Attachment K-2.

Teleconferencing

The DoIT Conference Bridge provides pre-scheduled, controlled conference calls in which participants (a minimum of 4 and a maximum of 32) join a call by dialing a pre-assigned conference number that when answered connects them to the conference call. Participants can call from any location where they have telephone access.

The conference call begins when the first two callers are connected. Each participant's pre-recorded name is played when they join the call and again when they leave the call. After all the participants have been connected, additional access to the conference call is locked. This denies access to the conference bridge by any subsequent callers and ensures privacy. Privacy can be further enhanced by optional assignment of a password that callers must use in order to gain access to the conference bridge.

The cost of each conference call through the DoIT Conference Bridge is a $25.00 setup fee. There are no per minute or per participant charges.

The Conference Bridge can handle a combination of conference calls totaling 48 users—for example, six simultaneous calls of eight users each, or four calls of twelve users, or any other combination not exceeding 48. If more calls are needed than can be supported by the Conference Bridge, DoIT may be able to offer temporary third party conference bridging services; the availability of such services during a pandemic is uncertain.

Conference calls can be quickly set up within the Conference Bridge. But because the number of conference calls which can be scheduled is limited, and third party

services may be constrained, employees are encouraged to schedule their
conference calls well in advance if possible.

Information on the DoIT Conference Bridge can be found on the InWeb at
http://inweb/technology/tech_infra/telephone/conference_bridge.htm. General
information and scheduling instructions are included in Attachment K-3.

Technical Support

During an influenza pandemic, technical support shall be provided by the same
organizations responsible for providing support under normal conditions. This means
that:

- DoIT shall be responsible for supporting the City's telephone network.
- DoIT shall be responsible for supporting the City's data communication network,
  including support for the City's backbone data network and the connections
  between that network and the Internet.
- DoIT shall be responsible for LAN and PC support for the departments which
  currently contract with it for this service.
- Departments that provide their own LAN and/or PC support shall continue to do
  so.
- Departments that support departmental, shared (e.g., CCSS) or City-wide (e.g.,
  Summit) applications shall continue to do so.
- Users shall call the Service Desk that they normally call for support:
    - City Light users can call City Light's Service Desk: 684-3766.
    - SPU users can call SPU's Service Desk: 684-5880.
    - All others can call DoIT's Service Desk: 386-1212.

Note that because Service Desk staffing may be reduced during a pandemic, hours of
service may be reduced and response times may be slower than normal.

Telecom Support

The DoIT Telephone Services group shall continue to support the City's telephone
network. Problems can be reported to 386-1111.

System Support

Computers, LANs, and applications shall continue to be supported by the agencies
which support them under normal conditions. Users who are unclear about who to
contact for support should call the DoIT Service desk at 386-1212 or e-mail them at
DoITHelp@seattle.gov.

Network Support

DoIT shall continue to support the City's backbone data network, including its
connections to department LANs and the Internet.

GroupWise Web, VPN, and Citrix Support

End user support of GroupWise Web and the VPN and Citrix clients shall be provided by the Service Desk that users normally contact for support. Users who have been redeployed to another department should contact the Service Desk which supports that department's technology services.

Applications

The influenza virus affects people, not hardware or software. However, increased absences among application support and computer operations may significantly reduce the City's ability to maintain, update, repair, or run its applications.

Many of the City's essential services are supported through the use of computer applications and some are wholly dependent on those applications for effective service management and delivery.

Therefore, departments have been required to review and prioritize their applications based on the relationship of applications to the provision of essential services. A table of applications associated with essential services, as identified by departments, is presented in Attachment K-1.

Departments should assume that the organization or organizations currently responsible for maintaining, updating, repairing, and running each application will continue to do so. Without prior discussions resulting in formal service level agreements or contracts, departments should not assume that another department or agency will be able to provide new or additional support during an influenza pandemic.

Attachment K-1 -- Applications Supporting Essential Services

The tables that follow identify the IT systems that support department-identified essential services. For each, the level of dependency has been rated by the department using the following scale:

1   Essential service would be impossible or nearly impossible to deliver at acceptable levels without this technology support.

2   Work-arounds would result in significant manual effort and/or serious degradation of service.

3   Work-arounds would be difficult, but acceptable service levels could be maintained for 6-8 weeks.

4   Work-arounds would be relatively easy to implement, have been tested, and would result in little or no degradation of service.

Table K-3: City Light Essential Service Technology Requirements

City Light Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Power Generation and Delivery	CCSS	Level 1 (critical)	SCL, DoIT
	ESS (or Outage Mgmt. System)	Level 1	SCL
	DAMS (DAMSView/GIS)	Level 1	SCL, SPU
	SOARS	Level 1	SCL
	Communications	Level 1	SCL, DoIT
	Network Infrastructure	Level 1	SCL, DoIT
	Network Applications	Level 1	SCL, DoIT
	Business Support Applications	Level 1	SCL
Logistics and Support	Passport	Level 1	SCL
	Maximo	Level 1	SCL
	Communications	Level 1	SCL, DoIT
	Network Infrastructure	Level 1	SCL, DoIT
	Network Applications	Level 1	SCL, DoIT
	Business Support Applications	Level 1	SCL

City Light Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Financial Management	Communications	Level 1	SCL, DoIT
System and Operations Planning	CCSS	Level 1	SCL, DoIT
	ESS (or Outage Mgmt. System)	Level 1	SCL
	DAMS (DAMSView, GIS)	Level 1	SCL, SPU
	Communications	Level 1	SCL, DoIT
	Network Infrastructure	Level 1	SCL, DoIT
	Network Applications	Level 1	SCL, DoIT
Public Information	ESS (or Outage Mgmt. System)	Level 1	SCL
	Communications	Level 1	SCL, DoIT
	Network Infrastructure	Level 1	SCL, DoIT
	Network Applications	Level 1	SCL, DoIT
Security	Communications	Level 1	SCL, DoIT
Information Technology	Communications	Level 1	SCL, DoIT
	Network Infrastructure	Level 1	SCL, DoIT
	Network Applications	Level 1	SCL, DoIT
Policy Development	Communications	Level 1	SCL, DoIT

Table K-4: SFD Essential Service Technology Requirements

SFD Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
9-1-1 Call Processing	E911	Level 1	Positron King County E911 Division DoIT SFD IT
Dispatching & Status	TriTech CAD (dispatching) FDM RMS (addresses, hydrant info, personnel) Ortivus AVL (vehicle location) Trimble GPS BIO-KEY Mobile Computer System Sprint-Nextel (wireless data network) Move-Up-Module (dispatching) 800MHz radio system (communications) E911 Net Motion (wireless data network)	Level 1	SFD IT DoIT TriTech Ortivus BIO-KEY Sprint DECCAN QWEST Net Motion Trimble Navigation FDM
Alerting	Locution (digital voice alerts, lights, bells) 800 MHz radio (voice alert) 450 MHz paging system (digital alert)	Level 1	SFD IT DoIT TriTech Locution
Firefighter accountability	RMS Sign-On	Level 1	SFD IT TriTech FDM, Inc

SFD Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
MIS-Technical & Application Support*		Level 1	SFD IT DoIT
Fire Command (Fire Chief, Asst Chiefs, Deputy Chiefs)	800 MHz radio 450 Mhz paging CADView	Level 1	SFD IT DoIT
Public Information Officer	800 MHz radio	Level 2	DoIT
Fire Operations – Suppression (fire, medical, rescue, haz-mat)	CAD RMS Sign-On Locution 800MHz radio 450 MHZ paging Satellite phones Sprint-Nextel phones with PTT feature	Level 2	SFD IT DoIT TriTech Locution FDM Sprint
Fire Operations – Resource Management Center (emergency command center)	CADView (Web access to CAD, resource data) 800MHz radio 450 MHz radio Sprint-Nextel phones with PTT feature	Level 2	SFD IT DoIT Sprint
Purchasing	SUMMIT PO Log (internal PO application)	Level 2	SFD IT DEA DoIT
Payroll	EV2/HRIS Over-Time Sign-Up Over-Time Tracking Daily Staffing	Level 3	DEA DoIT SFD IT

SFD Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Accounts Payable/ Receivable	SUMMIT	Level 3	DEA SFD IT
Fire Permits	Permits Confidence Testing	Level 3	SFD IT
Fire Prevention (Inspections, Enforcement, Compliance, etc.)	Permits Confidence Testing Inspections/Pre-Fire Database	Level 3	SFD IT
Fire Prevention – Plan Review	Plan Review Hansen System	Level 3	SFD IT DPD
Fire Investigations	Fire Investigations	Level 4	SFD IT
Services – Fleets & Facilities	Form 130 (repairs, facility service)	Level 4	SFD IT
Services - Warehousing	WiseTrack (asset inventory)	Level 4	SFD IT Ascentrix, Inc
Training	Meeting Room Manager	Level 4	Net Simplicity
MIS-Public Records	TeleForms (OCR/imaging of medical records)	Level 4	SFD IT First Line Systems

Table K-5: DOF Essential Service Technology Requirements

DOF Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Coordinating and Creating Fiscal Records	Summit, budget database, CIP database, DOF and OPM networks drives	Level 2	DEA DoIT
Making Financial Decisions	Summit, budget database, CIP database, DOF and OPM networks drives	Level 2	DEA DoIT
Advising the Executive on Policies	Summit, budget database, CIP database, DOF and OPM networks drives	Level 3	DEA DoIT
Proposing Emergency and Fiscal Legislation	Summit, budget database, CIP database, DOF and OPM networks drives	Level 3	DEA DoIT

Table K-6: FFD Essential Service Technology Requirements

FFD Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Janitorial Services	None	NA	NA
Security Services to Buildings	AMAG Security Management, Global Edition (Note: this system provides key card access to buildings.)	Level 1	Entrance Controls
	Telephone	Level 2	DoIT
	Computer with Internet	Level 1	DoIT
Police, Fire and Health Department Vehicle Repairs	Fleet Anywhere	Level 1	DoIT + FFD
Utilities and SDOT Vehicle Repairs	Fleet Anywhere	Level 1	DoIT + FFD
Fuel Desk	Fleet Anywhere Software to run pumps	Level 1	DoIT Petrovend

FFD Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Building Maintenance	SPAN FM (Note: this system tracks work orders and includes an Oracle database. The system is City owned and used by both DPR and FFD.)	Level 2	DoIT + FFD + DPR
	Siemens Control System (Note: this system controls heating for buildings.)	Level 2	Siemens maintains and FFD operates system.
	Allerton Controls (Note: this system controls heating for buildings.)	Level 2	Allerton maintains and FFD operates system.
	PC Anywhere	Level 2	FFD
	Telephone	Level 2	DoIT
	Computer with Internet	Level 2	DoIT
Labor Relations	Telephone	Level 1	DoIT
	Fax	Level 2	DoIT

Table K-7: HSD Essential Service Technology Requirements

HSD Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Aging and Disability Services Case Management

Continue case management and other services for seniors and the elderly.

Provide information to the elderly.

Arrange for care for those unable to obtain necessary medical assistance.

Develop plans to assure that the Meals-on-Wheels program continues to operate. | City network, CARE system, InWeb and PAN, phones | Level 1 | DoIT, HSD IT, State of Washington DIS, DSHS |

HSD Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
HSD Emergency Food & Meal Programs - Coordination to assure that HSD's food programs continue to operate during an influenza pandemic.	City network, phones, InWeb and PAN	Level 1	DoIT, HSD IT
Vulnerable Populations - Homeless Clients. Staff work with Public Health, shelters and homeless-serving agencies to assure that the health needs of homeless people are met and that preventive measures are in place at shelters and other homeless-serving agencies during pan flu outbreak.	City network, phones, InWeb and PAN	Level 1	DoIT, HSD IT
Vulnerable Populations - Child Care. Staff work with Public Health, Child Care Resources and School's Out Washington to assure that child care centers, preschools and after school programs are implementing appropriate prevention and health measures during an influenza pandemic, and coordinating information of availability during pan flu outbreak.	City network, phones, InWeb and PAN	Level 1	DoIT, HSD IT
Facilities – At the request of Public Health—Seattle & King County (Public Health) or the Mayor's Office, arrange for the use of Parks/City and community facilities for quarantine, alternate care settings, or for vaccination clinics. Support these facilities as directed.	City network, phones, InWeb and PAN	Level 1	DoIT, HSD IT
Communications Assure that critical information is reaching HSD contractors and other human service agencies, with emphasis on those serving vulnerable populations (e.g. refugee and immigrant communities). These agencies in turn help disseminate information to the vulnerable populations they serve. Utilize the HSD Web site as a method to communicate with	City network, phones, InWeb and PAN	Level 1	DoIT, HSD IT

HSD Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
employees and the public during an influenza pandemic (information specific to delivery of Human Services). Assure that all of HSD's communications are consistent with Public Health and the Mayor's Office through HSD PIO Team.			
Payroll is processed and employees are paid.	City network, VPN, HSD's LSC system, HRIS	Level 1	DoIT, HSD IT, DEA (HRIS)
Program stipends are processed and HSD direct service program participants are paid.	City network, VPN, SYEP system, Blumen system (Upward Bound), SUMMIT	Level 1	DoIT, HSD IT, DEA (SUMMIT)
Invoices are processed and paid.	City network, VPN, SUMMIT	Level 1	DoIT, HSD IT, DEA (SUMMIT)
Contractors are approved and paid.	City network, VPN, SUMMIT	Level 1	DoIT, HSD IT, DEA (SUMMIT)
Requests for Public Disclosure that cannot be delayed are handled.	City network, VPN	Level 1	DoIT, HSD IT

Table K-8: DoIT Essential Services Technology Requirements

DoIT Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
800 MHZ Public Safety Radio Network	Motorola Smartzone radio	Level 1	DoIT/— Motorola
Telephone network supporting: Public Safety (SPD and SFD) SPU Call Center ERC Call Center Voicemail (local and long distance)	PBX switches (see attachment)	Level 1	DoIT/ Various vendors
Data communications network, including fiber	Routers/switches (priority service area for restoration dependent on departments COOPs)	Level 1	DoIT/ Various
E-mail and messaging	(various servers 11,000 mail accounts)	Level 1	First level support DoIT messaging team
City's Internet connection	Various connections	Level 1	DoIT/ various vendors
City's Web site (www.seattle.gov)	Public facing information for the City of Seattle on the Web	Level 1	First and second level support the Web site supported by DoIT Web Team
City's television channel (Seattle Channel)	City's television station	Level 1	DoIT /various equipment vendors
City's data center (staffed 24x7)	Depends on departments' COOPs	Level 1/2/3/4	DoIT
Police Information Technology	Supports IT infrastructure	Level 1	SPD/DoIT
Fire Information Technology	Supports IT infrastructure	Level 1	SFD/DoIT
Seattle City Light IT	Supports IT infrastructure	Level 1	SCL/DoIT

DoIT Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Seattle Public Utilities IT	Supports IT infrastructure	Level 1	SPU/DoIT
Enterprise Computing	Depends on departments' COOPs	Level 1/2/3/4	DoIT/ Various departments/ vendors/
Mid-range computing	Depends on departments' COOPs	Level 1/2/3/4	DoIT/ Various departments/ vendors
Desktop computing	Depends on departments' COOPs	Level 1/2/3/4	DoIT/SPU SCL
Service Desk (IT and telephone)	HEAT (software) IT infrastructure (data/telephone networks operational) Needed for activation of Information Technology Operating Center (ITOC)	Level 1/2	DoIT/SPU/ SCL

Table K-9: Legislative Essential Services Technology Requirements

Legislative Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Act on Legislation, Mayoral Proclamations, and Executive Orders	Computer network files Printing	Level 4	DoIT, Internal
Review Emergency expenditures, authorize payment	Computer network files Printing	Level 4	DoIT, Internal
Adopt Biennial Budget (Annually: Sept-Nov)	Computer network files Printing CBIS application	Level 2	DoIT, DEA, Internal
Document emergency measures, publish ordinances, claims for damages, file proclamations	Computer network files Printing	Level 4	DoIT, Internal
Document, maintain, and file emergency expenditures and	Computer network files	Level 4	DoIT, Internal

Legislative Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
funding sources	Printing Web		
Communications	Blackberry GroupWise Cellular (multiple carriers)	Level 4	DoIT, 3rd party carrier

Table K-10: DON Essential Services Technology Requirements

DON Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Department leadership, communication, coordination	GroupWise, VPN, Internet, Telecommunication	Level 1–2	DoIT
Key financial functions, especially payroll, accounts payable	GroupWise, VPN, Citrix, Summit, HRIS, Internet, Telecommunication	Level 2–3	DoIT, DEA, Personnel

Table K-11: OIR Essential Services Technology Requirements

OIR Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Communicating with regional, state, federal and international elected/governments	GroupWise (E-mail) and Voicemail	Level 2–3	DoIT
Interfacing with user's/department's network	VPN	Level 2–3	DoIT

Table K-12: Parks Essential Services Technology Requirements

Parks Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Parks Accounting	Summit	Level 1	DEA
Parks Payroll	HRIS	Level 1	DEA
ARC Accounting	Great Plains	Level 1	Parks IT
ARC Payroll	PayChex	Level 1	Parks IT
Registrations and rentals	Class application	Level 2	Parks IT
Aquarium environmental controls for exhibits	Aquarium network and control computers	Level 1	Aquarium staff
HVAC control for facilities	Siemens	Level 2	Parks IT Parks HVAC
Volunteer Park environmental controls	QCOM (aka GEMLink)	Level 1	Parks IT QCOM
Building security	Guardian Security System	Level 2	Guardian Security
Manage work orders	SPAN-FM Workorder System	Level 2	Parks Facility Maintenance

Table K-13: Personnel Essential Services Technology Requirements

Personnel Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Administer Workers Compensation Program	ATS	Level 1	Personnel

Table K-14: SPD Essential Services Technology Requirements

SPD Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Dispatch	CAD, DEC Alpha, Terminal Emulation Workstations; MDTs;	Level 2	SPD/PRC /HP
Records Management	RMS, VAX; Terminal Emulation Workstations;	Level 2	SPD/PRC/HP /Microsoft
Internal Communications	GroupWise, Push to Talk Radio system, servers, Novell GroupWise messaging, Motorola 800 Mhz	Level 3	SPD/DOIT/D ell/CISCO/No vell, Motorola

Table K-15: SPU Essential Services Technology Requirements

SPU Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Water Supply Operations: collection/storage, transmission, distribution, emergency response	IWRMS	Level 2	SPUIT
	SCADA	Level 1	SPUIT
	Tolt Data monitoring	Level 1	SPUIT, KCo INET
	Maximo	Level 1	SPUIT
	GroupWise e-mail	Level 2	DoIT
	Netware	Level 2	DoIT
	Windows XP	Level 2	SPUIT
	Solaris	Level 1	SPUIT
	Paging services	Level 2	DoIT
	Radio communications	Level 1	DoIT
	Telephone lines	Level 2	DoIT
	CCSS	Level 2	SCL
	Security intrusion detection, video monitoring and access control system	Level 2	SPUIT

SPU Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
	Geographic Information System (GIS)	Level 3	SPUIT
	OCC PLC	Level 1	SPUIT, Qwest
	Cell phone	Level 2	DoIT
	Tolt filtration plant	Level 1	Vendor
Water Distribution Operations: maintenance, treatment, monitoring, emergency response	LIMS	Level 2	SPUIT
	One-call Utility locator	Level 1	Vendor
	IWRMS	Level 3	SPUIT
	Maximo	Level 1	SPUIT
	Groupwise e-mail	Level 2	DoIT
	Netware	Level 2	DoIT
	Windows XP	Level 2	SPUIT
	Solaris	Level 1	SPUIT
	Paging services	Level 2	DoIT
	Radio communications	Level 1	DoIT
	Telephone lines	Level 2	DoIT
	Security intrusion detection, video monitoring and access control system	Level 2	SPUIT
	Geographic Information System (GIS)	Level 3	SPUIT
	Emergency Resource Center	Level 2	SPUIT
	OCC PLC	Level 1	SPUIT
	Cell phone	Level 2	DoIT
	Lake Youngs Ionization plant	Level 1	Vendor

SPU Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Waste Water Operations: collection from customer residences and businesses, transmission, storage, monitoring, conveyance to Metro, emergency. response	CCSS	Level 1	SCL
	Maximo	Level 1	SPUIT
	GroupWise e-mail	Level 2	DoIT
	Netware	Level 2	DoIT
	Windows XP	Level 2	SPUIT
	Paging services	Level 2	DoIT
	Radio communications	Level 1	DoIT
	Telephone lines	Level 2	DoIT
	Cell phone	Level 2	DoIT
Solid Waste Removal: monitor collection of solid waste and recycling from customers by contractor, compact solid waste, monitor safety of landfills, transport compacted waste to railhead	CCSS	Level 1	SCL
	Flare facility control system PLC-Kent	Level 1	SPUIT
	Groupwise e-mail	Level 2	DoIT
	Netware	Level 2	DoIT
	Windows XP	Level 2	SPUIT
	Transfer station compactors PLC	Level 1	SPUIT
	Radio communications	Level 1	DoIT
	Transfer Station Billing System	Level 1	SPUIT
Drainage Operations: maintain structures that transmit runoff to appropriate location	Maximo	Level 1	SPUIT
	GroupWise e-mail	Level 2	DoIT

SPU Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
	Netware	Level 2	DoIT
	Windows XP	Level 2	SPUIT
Compensation and Benefits: collect time worked, authorize payment, transmit payroll information, receive paychecks, distribute paychecks	Web Timesheet	Level 2	DoIT
	GroupWise e-mail	Level 2	DoIT
	Netware	Level 2	DoIT
	Windows XP	Level 2	SPUIT
	HRIS	Level 1	DoIT
Customer Account Management: receive customer service requests, initiate service requests	CCSS	Level 1	SCL
	IVR	Level 2	Vendor
	ITRON	Level 1	SPUIT
	Purveyor Billing	Level 3	SPUIT
	GroupWise e-mail	Level 2	DoIT
	Netware	Level 2	DoIT
	Windows XP	Level 2	SPUIT
	Automated Call Distribution System	Level 1	DoIT
	Telephone lines	Level 1	DoIT
	Remote Automated Payment System	Level 2	DoIT
	Outside telephone lines	Level 1	Qwest
Customer Relations Management: receive customer inquiries regarding services, provide information to customers	CCSS	Level 1	SCL
	Emergency Resource Center	Level 1	SPUIT

SPU Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
	IVR	Level 2	Vendor
	ITRON	Level 1	SPUIT
	Purveyor Billing	Level 3	SPUIT
	GroupWise e-mail	Level 2	DoIT
	Netware	Level 2	DoIT
	Windows XP	Level 2	SPUIT
	Automated Call Distribution System	Level 1	DoIT
	Telephone lines	Level 1	DoIT
	Remote Automated Payment System	Level 2	DoIT
	Outside telephone lines	Level 1	Qwest
Meter Reading: read customer meters	ITRON	Level 1	SPUIT
	GroupWise e-mail	Level 2	DoIT
	Netware	Level 2	DoIT
	Windows XP	Level 2	SPUIT
Billing: process exception bills, receive payments from customers, calculate and prepare bills	CCSS	Level 1	SCL
	ITRON	Level 1	SPUIT
	Transfer Station Billing System	Level 1	SPUIT
	Remote Automated Payment System	Level 2	DoIT
	Summit Financial System	Level 1	DoIT

Table K-16: SDOT Essential Services Technology Requirements

SDOT Essential Service	Required Technology Systems/Applications	Level of Dependency	Source of Support
Provide traffic management and control	Basic computer systems, intranet, internet, e-mail, phones	Level 1	
Maintain bridge corridors	Basic computer systems, intranet, internet, e-mail, phones	Level 1	
Maintain key arterial corridor operations	Basic computer systems, intranet, internet, e-mail, phones	Level 1	
Issue critical street use permits	Basic computer systems, intranet, internet, e-mail, phones Hansen	Level 1 Level 2	
Provide SDOT emergency response and recovery services and coordinate with other city depts. & jurisdictions	Basic computer systems, intranet, internet, e-mail, phones WebEOC	Level 1 Level 2	

Attachment K-2 –Prepaid Calling Card Program

DIALING INSTRUCTIONS:

TO PLACE A CALL FROM WITHIN THE U.S.

   1   Dial 1-800-506-9511.

   2   Enter your AT&T PrePaid Phone Card number.

   3   Press 1 to call within the U.S., Canada or the Caribbean. Press 2 to call any
           other country. Press 4 for Directory Assistance in the U.S., Press 9 to hear
           your card balance. To place another call, press * three times (***).

For AT&T Customer Service: Call 1-800-530-6744, 24 hours a day, every day.

TO PLACE A CALL FROM OUTSIDE THE U.S.

Before leaving the U.S., call AT&T Customer Service (1-800-530-6744) for AT&T
Access Numbers and Rates and to confirm service availability in the country you will
be visiting.

Since international long distance rates are higher than domestic long distance rates,
your long distance calling card will be charged according to the rate established for
the country you are visiting. Have AT&T provide this rate information prior to your
departure and make sure you have sufficient units on your card to cover all your
calling needs.

   1   Dial the AT&T Access Number for the country you are in.

   2   Dial 1-800-506-9511.

   3   Enter your AT&T PrePaid Phone Card number.

   4   Your card number and your pin number are the same. If asked to enter your
           pin number, re-enter your card number.

   5   Press 1 to call within the U.S., Canada or the Caribbean. Press 2 to call any
           other country. Press 4 for Directory Assistance in the U.S., Press 9 to hear
           your card balance. To place another call, press * three times (***).

For AT&T Customer Service dial the AT&T Access number for the country you are in.
Then dial 1-800-530-6744, 24 hours a day, every day.

RESTRICTIONS

Cards cannot be used to place 500, 700, 800, 888, 877, 866, 855, 900, 976, 411 or
555 number service calls: or to place certain operator-assisted calls such as third-
party-billed and collect calls. For Directory Assistance calls, follow the dialing
instructions on the back of your Card and press option 4 after you have entered your
Card number.

Attachment K-3 – DoIT Conference Bridge

What is a Conference Bridge and what does it do?

The DoIT Conference Bridge provides pre-scheduled, controlled conference calls in which participants (a minimum of 4* and a maximum of 32) join a call by dialing a pre-assigned conference number that when answered connects them to the conference call.

Conference calls involving three to six participants can be achieved using the Conference (Trn/Cnf) Key on your desktop phone. Call 6-1111 if you have questions on how to use this feature.

The conference call begins when the first two callers are connected. Each participant's pre-recorded name is played when they join the call and again when they leave the call. After all the participants have been connected, additional access to the conference call is locked. This denies access to the conference bridge by any subsequent callers and ensures privacy. Privacy can be further enhanced by optional assignment of a password that callers must use in order to gain access to the conference bridge.

Conference Call Advantages

- Conference calls allow from 4 to 32 individuals at diverse locations to be connected together for a conference call.

- With conference calls there's no need to work around travel itineraries or wait until participants are physically present. Conferees can call in from across town or across the globe.

- Conference calls are easy to use - anyone can attend a "meeting" by just placing a phone call.

- Conference calls offer a fast and inexpensive alternative to travel. The cost of each conference call is a $25.00 setup fee. There are no per minute or per participant charges as there are with outside conference bridge vendors.

- Fast and reliable access to an in-house conference bridge eliminates the need to contact conference service bureaus or deal with complex third-party conference bridge equipment.

- Conference calls increase efficiency by encouraging easier and more frequent collaboration among dispersed groups and individuals.

- Routine conference calls can promote better decision making and faster conflict resolution by increasing communication.

- Conference calls extend communication and participation to individuals and groups that might otherwise be excluded.

How to Schedule the Conference Bridge

1 Send an e-mail request to DoIT Conference Bridge or contact the DoIT Telephone Services Desk at 386-1111.

2 An e-mail to DoIT Conference Bridge will generate a return e-mail containing a link to the Conference Bridge request form: **http://inweb/technology/tech_infra/telephone/CBForm.doc**

3 Fill out the form completely and e-mail it back.

What happens next?

▪ The DoIT Conference Bridge Administrator receives and processes your request. If the date, time and required ports are not in conflict with other prescheduled events, your request will be scheduled.

▪ *All schedules are on a first-come basis. If the demand for the DoIT Conference Bridge exceeds capacity, you will be referred to an outside service provider.*

▪ You will receive an e-mail confirmation outlining the details of your Conference Bridge session. *If you are the one scheduling the conference call, please make sure that all participants receive the access number, password (if used), date and time of the call, and the call duration.*

- Conference Telephone Number
- Password (if used)
- Number of participants
- Date
- Start Time
- Duration
- Recurring Dates

Please note that Conference Bridge Schedules are strictly enforced. You will not be allowed to enter early or remain beyond your designated time allocation. This is necessary to insure that the bridge is available for conference calls that are scheduled for the time slots prior to and after your call.

If you have questions about the DoIT Conference Bridge, please contact the DoIT Conference Bridge Administrator at 386-1528. If the DoIT Conference Bridge Administrator is not available, call the DoIT Telephone Services Desk at 386-1111.

Attachment K-4 - VPN Acceptable Use Agreement Form

VPN User Name: _____

E-mail Address: _____

Supervisor Name of VPN User: _____

E-mail Address: _____

Department VPN Administrator Name: _____

E-mail Address: _____

Department Name: _____

If the VPN User is an outside vendor, contract organization, or other organization, the City Supervisor of the User must provide a business justification for network access.

We, the VPN user, the supervisor of the VPN user and the authorized department VPN administrator, have read and understand the City of Seattle Virtual Private Network Use Policy and Procedures, which are available electronically on the Department of Information Technology's InWeb page.

Furthermore, we have a clear understanding on how to safeguard City information. The supervisor agrees to notify the department VPN administrator when the user no longer has a City business need for VPN access. The user understands that he or she must create and maintain an eight character password—using mixed case and alphanumeric characters—that will expire every 45 days. The user also understands that no warranties of any kind are offered by the City to protect his or her computer or software. Finally, the user agrees not to share his or her VPN access account or software.

VPN User Signature: _____

Date: _____

Supervisor of VPN User Signature: _____

Date: _____

Authorized Department VPN Administrator Signature: _____

Date: _____

Before activating this VPN access account, the authorized department VPN administrator must fax a copy of this form to (206) 287-5154.

Attachment K-5 –Citrix Account Service Level Agreement

CITRIX ACCOUNT SERVICE LEVEL AGREEMENT

This Service Level Agreement (SLA) outlines the terms and conditions for the DoIT Citrix Web Service.

Terms and Conditions

- DoIT will provide and maintain remote access to the Citywide network via the Citrix Web Interface remote access server for an initial setup/license fee of $400.00 and a monthly maintenance charge of $60.00 per account.

- Please note that although this system is available for use during these times, analyst support of this system is from 7:00 a.m. to 5:00 p.m. Monday through Friday only.

- With the exception of unanticipated problems with the servers, access equipment, or the Citywide Ethernet backbone network, prior notification of any scheduled Citrix server downtime will be given 48 hours in advance.

- Notification of scheduled Citrix downtimes will be sent via e-mail to all designated department focal points.

- To request new services, or to request changes to existing service, send an e-mail message to the **DoIT Service Desk** or call the DoIT Service desk at 6-1212.

- Requests for new software installations beyond the default setup are not included in this rate and will be billed on a time and materials basis.

- DoIT will provide client software and installation documentation at no charge, and will assist in the installation and setup of the client software. DoIT will also create user accounts and configure user access rights to Citrix software environment.

Customer Responsibilities

- Resources on the DoIT Citrix Web Interface/Terminal server are limited.

- This service will be used for City of Seattle business only.

- All problems will be reported to the DOIT Service Desk by calling 386-1212 or by sending an e-mail to the **DoIT Service Desk**.

Note: When using non-city equipment and devices you must have licenses for the following Microsoft 2003 products: Word, Excel, PowerPoint, Visio, Project, and Access.

Attachment 6 – Pandemic Remote Access Summary

General Requirements

- Employees anticipated to be working at home during a pandemic must be identified.

- The remote access voice and data needs of each identified employee must be determined on an individual basis, based on job functions.

- The remote access need determines the remote access solution.

- Technology providers must be given five business days to enroll and equip identified users prior to a pandemic.

- End users must be given adequate time to test and become familiar with the remote access solution designed for them prior to a pandemic.

Working Assumptions

- City of Seattle systems and network infrastructure will remain fully operational.

- Many employees who use desktop PCs under normal conditions may need to access the City's network while working at home, primarily using GroupWise Web.

- It will be difficult, if not impossible to obtain new communication services quickly once a pandemic hits.

- Employees requiring network access must set up personal Internet connectivity in advance.

- Forwarding an employee's desk phone to their home phone is not required for the average employee. Retrieval of voicemail and/or increased use of e-mail will be sufficient.

- Technical support will be provided by the same organizations responsible for providing support under normal conditions.

- City technical support will not be available onsite for home computers or networks; employees working from home will be expected to obtain such support for themselves.

Voice Communication Needs for the Typical End User

- Access to the City of Seattle voicemail systems

- The ability to make long distance calls

- The ability to schedule and/or participate in conference calls

Data Communication Requirements for the End User

- Suitably-configured computer (requirements determined by remote access method)

- Internet connection (preferably "high-speed" such as cable or DSL)

- Anti-virus software – End user to work with LAN Administrator to verify that anti-virus software is up-to-date

- Applications for "offline" productivity (Microsoft Word, Excel, and PowerPoint, Microsoft Project, Visio, etc. as needed)

- Set up with remote access via one of the options shown in **Table K-17**.

Table K-17: Remote Access Options

	GroupWise Web Access	**Standard VPN Access via Citrix**	**Non-Standard VPN Access**
Description	Remote access to GroupWise via a Web browser	Remote access to data network from non-City-issued computer using a Web-based Citrix service	Remote access to data network from City-issued computer or from a non-City issued computer using a City boot disk
Advantages	✔ Easy to use ✔ Full e-mail and calendar functions ✔ Low security risk	✔ Access to applications that will only run remotely under Citrix	✔ Full access to authorized network resources for maintenance of critical infrastructure
Disadvantages	✔ Limited to GroupWise ✔ No access to shared files or other apps.	✔ Citrix network is challenging to support ✔ There are some set-up and ongoing charges	✔ Requires a City-issued computer or City-issued boot disk for employee's personally owned computer
Ideal Users	✔ Users who only need to read and send e-mail, manage calendar	✔ General employees without infrastructure support responsibility	✔ IT Administrators and Technical Staff

Notes:

- Managers working with LAN Administrators end users will determine the remote access option which best meets the needs of each employee.

- DoIT and City Light are in the process of developing a package of remote access software, including security layers, loaded on a boot disk for VPN access. If developed and delivered to users, this approach will make remote access from any computer easier and more secure.

Department Survey Summary

- More than 6,000 employees may be working from home and connected to the network during a pandemic. This number represents approximately one half of the City's workforce.

- Most need access to GroupWise only.

- The remaining 2,750 employees may use Citrix or a VPN connection. The City already has approximately 2,200 employees enrolled as Citrix or VPN users.

Checklist for Managers

The following checklist is intended to assist managers and supervisors in preparing their staff for working from home.

☐	Determine which staff members will be expected to work at home during a pandemic.
☐	Determine the remote access voice and data business needs of each identified user.
☐	With the support of technical staff, determine an appropriate voice and data remote access solution for each user. In particular, determine whether the employee will need only GroupWise Web access or whether he or she will require VPN access (either Standard with Citrix or Non-Standard.)
☐	Ensure those who will be working remotely complete the City's policy on telecommuting.
☐	If the employee will need to teleconference, ensure that the employee is familiar with the policies and procedures for reservation and use of the City's teleconferencing bridge.
☐	Ensure the employee understands how to use the voicemail system and that the phone number for voicemail retrieval is included in any distributed contact sheets and/or reference cards as appropriate.
☐	If your department has any special telecommunication needs (e.g. setting up a special voice mailbox), please contact the DoIT Telecom Group through your department's Telephone Coordinator.
☐	Determine, with the help of technical staff, whether or not those who will be working at home have the required resources (e.g. computer, anti-virus software, Internet connection.)
☐	If the employee will require Non-Standard VPN, provide the employee with a City-issued, appropriately configured laptop or, if available, obtain a remote access boot disk through your department's IT staff.
☐	Set up the appropriate remote access capability for each remote user. If the decision is made to use Citrix, purchase the number of subscriptions needed.

☐	Develop a plan for employees to test and become familiar with the remote access solution designed for them (e.g. work at home trial during business hours, testing during the evening and/or weekends, etc.).
☐	Ensure your staff knows who will be providing end user technical support, and that the name(s), phone number, and e-mail address of their LAN Administrator(s) or desktop support group is included in any distributed contact sheets and/or reference cards as appropriate.

Contact Information

LAN Administrators

Name	Phone	E-mail
_____ ___	_____ __	_____ __
_____ ___	_____ __	_____

Department Telephone Coordinator

Name	Phone	E-mail
_____ __	_____ __	_____

DoIT Help

IT Service Desk   386-1212   **DoIThelp@seattle.gov**

Telephone Service Desk   386-1111

City of Seattle Voicemail System: 684-7500 or 1-866-684-7500

Long Distance via Prepaid Calling Card: 1-800-506-9511

Schedule DoIT Conference Bridge: 386-1111   **DoITConferenceBridge@seattle.gov**

Web Links

DoIT Services Information: **http://inweb/technology/**

GroupWise Web Access: **https://gwweb.ci.seattle.wa.us**