

## **HOW TO USE THE COMMUNITY PANDEMIC PLAN**

The Schuylkill County Emergency Management Agency in cooperation and collaboration with the Pennsylvania Department of Health have developed the Community Pandemic Plan to address methods and procedures to implement in order to mitigate against, prepare for, respond to, and recover from, a pandemic event which impacts the County of Schuylkill.

This plan and its associated annexes are designed around the functional areas during a disaster. These 22 functions are designated in the plan and an appropriate checklist has been developed for these, highlighting actions that can be taken during a pandemic event.

In order to utilize this plan, simply identify which function closely matches your discipline and reference that document. For instance, if you are a transportation provider such as a commercial or public transportation company, you would reference the Transportation Annex, while a community fire department would reference the Firefighting Annex.

Because emergency preparedness begins in the home at the personal level, family & personal preparedness has also been addressed and information can be found in the Personal and Family Preparedness Annex.

Defining every action and every discipline in this plan is virtually impossible, therefore it is also important to utilize other resources from credible agencies such as the Centers for Disease Control, the US Department of Health and Human Services, and the Pennsylvania Department of Health.

By following these simple steps identified in this plan, and practicing proper hygiene, we as a community can minimize the effects of a pandemic event.

## **EXECUTIVE SUMMARY**

An influenza pandemic has the potential to cause more death and illness than any other public health threat presently identified. If a pandemic influenza virus with similar virulence to the 1918 strain emerged today, it is estimated that 1.9 million Americans could die, and almost 10 million could be hospitalized. Although the timing, nature and severity of the next pandemic cannot be predicted with any certainty, preparedness planning is essential to mitigate the impact of a pandemic. Because of the broad impact of a pandemic event, local, county, state and federal government resources will be expended rapidly. This will create the necessity for public, commercial, and private concerns to deal with the ramifications of the event with limited, or even no assistance, from other entities generally viewed as being a "next line of defense" during major emergencies. In essence, when the emergency is everywhere at once, there is no emergency anywhere.

To some extent, every individual will be affected by a pandemic influenza event. Those that do not get sick themselves, or do not have loved ones who get sick, will likely still suffer under strain to our normal societal fabric. Planning assumptions state that nationwide, a 40% reduction in the workforce will be experienced. This number reflects the sick, those caring for sick family, and those too scared to report for work. The most concerning category is the last. It can be assumed that those most afraid of contracting disease will be those who work in occupations in closest contact with other individuals, particularly individuals who would be anticipated to be sick. Healthcare workers represent the greatest group of concern. To prepare for this shortage, every business, government agency, emergency service provider, health care and congregate care facility will need to ensure that their most critical operations will continue in the face of workforce and supply chain interruptions. How will law enforcement function with only 60% of the police officers normally available? How will supermarkets prioritize the movement of foodstuffs with only 60% of their truck drivers reporting for work and reduced fuel availability? How will 911 centers answer calls and dispatch emergency services with limited staffing, and will there be ample emergency workers available to respond? Imagine how an event such as this will impact those processes we take for granted on a daily basis; electricity generation, telephone service, even refuse and recycling pickup.

Because a pandemic influenza event is predicted to have cascading effects which will impact every function of a community, including businesses and families, a comprehensive plan addressing every need is virtually impossible to develop. Any single entity, the County included, does not have the authority or responsibility to conduct planning for every other entity. It is the position of the County of Schuylkill that the most successful response to a pandemic event will be realized if every individual and organization is able to, as closely as possible, provide the goods and services that he/it provides on a regular basis. It is strongly encouraged that every organizational entity, and even every family and individual, take time to contemplate the impacts of a pandemic disease, and develop a plan to prepare for and cope with a pandemic event to achieve the best mitigation possible.

The Schuylkill County Community Pandemic Plan has been developed as an appendix to the Schuylkill County All-Hazard Emergency Operations Plan (EOP). During a pandemic event, the County, and each political subdivision located within the county, will utilize its comprehensive EOP to respond to and recover from the community needs aspect of the event. Both the EOP, and this appendix, have been designed around the Emergency Support Function (ESF) concept identified in the National Response Framework (NRF). The ESF format groups resources and capabilities into functional areas that are most frequently needed during an incident (e.g., Transportation, Law Enforcement, Mass Care). ESFs utilize standard resource management concepts such as typing, inventorying, and tracking to

facilitate the dispatch, deployment, and recovery of resources before, during and after an incident. No matter what type of incident is impacting a community (e.g., severe weather, fire, flood, or pandemic event), the anticipated needs of the community remain the same. The difference is one of magnitude. A flood may create a need for food and electrical generation in a neighborhood. A pandemic may create that need in the community as a whole. Lacking unfathomable increases in personnel, funding, and logistics, no government entity is going to be able to provide for the needs of every constituent. It is crucial to the response and recovery efforts that all sectors identified as serving a critical role to the community are prepared to continue to serve that role at the highest level reasonable regardless of the nature of the emergency at hand. It is further crucial that entities serving a critical role to the community be cognizant of, and prepare for their role well in advance of their services being needed. As such, this plan defines recommended actions during the mitigation, preparedness, response and recovery phases of a pandemic influenza event.

This document summarizes recommendations from the government of the County of Schuylkill and the Pennsylvania Department of Health, for how providers of resources and services identified under the ESFs should prepare for a pandemic event. It also identifies interactions and co-dependencies that the County believes must be made known to others in the community to heighten their awareness of the need to prepare. Unlike most sections of the EOP, this appendix is not a controlled document. It is intended for broadest possible distribution to increase awareness and promote dialogue especially regarding inter-dependencies.

The community needs aspect of the event differs from the internal recovery aspect of the event. This document is not a framework for county government's internal recovery efforts. While servicing of community needs are addressed in the EOP, the county as a government must be simultaneously managing its own **internal** response and recovery from the disaster. These efforts are planned for in the Schuylkill County Continuity of Government (COG) plan, another appendix to the Schuylkill County EOP.

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## **I. INTRODUCTION**

### **A. Purpose**

1. The purpose of this plan is to prescribe those activities to be taken by the County as well as other community organizations and stakeholders involved with the detection of, and response to, an incident involving a human to human transmissible disease. This plan supplements, but does not replace any part of the existing all-hazards plan model used for the management of significant events in Schuylkill County.
2. The Schuylkill County Community Pandemic Plan has been developed to provide guidance to local governments, private businesses and non-governmental organizations in the preparedness for, response to, and recovery from a pandemic influenza. In addition to the basic plan, annexes which are structured around the Emergency Support Function (ESF) concept have been developed for the ESFs identified in the County and municipal all-hazards emergency operations plan. These annexes are organized to allow businesses and other entities the capability to properly prepare for a pandemic event by providing a comprehensive list of actions and procedures.

### **B. Scope**

1. Although this plan was developed in the looming shadow of an outbreak of a human to human transmissible variant of the H5N1 influenza virus, its content is applicable to any widespread outbreak of a human to human transmissible disease.

## **II. SITUATION AND ASSUMPTIONS**

### **A. Situation**

The County of Schuylkill is susceptible to a wide variety of hazards, all which may impact the county in various ways. The current all-hazard emergency operations plan utilized by the county addresses all of these potential hazards, and provides a framework for preparing for, responding to, recovering from and mitigating these hazards. The majority of emergencies that occur in the county are handled by local first responders with little assistance from County, State or Federal authorities. While most emergencies are handled locally, there are occasions that require additional resources from other levels of government and the coordination that accompanies these resources.

This plan addresses the methods of coordination and collaboration between the stakeholders involved in a pandemic influenza event that impacts the County of Schuylkill. In a "typical" disaster, resources for the response to the emergency can be requested from other jurisdictions. Due to the widespread nature of a pandemic event, these resources may not be available.

Influenza, also known as the "flu", is a contagious disease that is caused by the influenza virus and most commonly attacks the respiratory tract in humans. The flu usually manifests itself suddenly, starting with symptoms

such as a sore throat, fever, headache, and profound fatigue, followed by a dry cough, body aches, prostration, and possibly nausea and vomiting. There are three main types of influenza viruses; A, B, and C. Influenza type C causes only mild disease and has not been associated with widespread outbreaks. Influenza type A, however, causes epidemics yearly.

A pandemic influenza outbreak is most likely when the Influenza type A virus makes a dramatic change. This change results in a new or novel virus to which the general population has no immunity. The appearance of a novel virus is the first step toward a pandemic.

## **B. Assumptions**

1. An outbreak of a previously unknown human to human transmissible disease may occur anywhere in the world. In any given locale, including Schuylkill County, it is a statistically unlikely occurrence. However, once an outbreak is detected, it is very likely to have significant local impact.
2. Such an outbreak will be an incident of national consequence, and as such, will mandate the use of the National Incident Management System regardless of local protocols.
3. Unlike most incidents of national consequence, an outbreak of human transmissible disease will, beyond the initial attempts to contain it, rapidly overwhelm the capabilities of all levels of government, resulting in a primarily local response.
4. No single agency can be identified as the lead agency for this type of incident. Rather, various agencies must be identified as leads for certain aspects of the response. Successful response to the crisis will be dependent on the coordination and collaboration efforts of these agencies.
5. Local response to a human to human transmissible disease outbreak will be hampered by the following situations:
  - a) Workforce reduction caused by sickness and fear of contracting disease. This is particularly significant in the emergency services field due to the reliance on volunteer labor.
  - b) Physical resource shortages caused by competition for limited critical supplies and impacts to normal commerce affecting the movement and replacement of such goods.
  - c) Breakdown of normal societal fabric including, but not limited to, misinformation, disinformation, civil unrest, and lack of centralized guidance normally relied upon in times of disaster.
  - d) The number of ill people requiring outpatient medical care and hospitalization will overwhelm the local health care system, thereby causing the normal amount and level of hospital care to be unavailable.

6. Activation of the Schuylkill County Emergency Operations Center will follow or closely follow the escalation in the staffing status of the Commonwealth Watch & Warning Center.
7. The current system of government in Pennsylvania provides a county very limited authority to mandate compliance outside of the county organization.
8. Residents may be required to stay in their homes for a significant period during an influenza pandemic; thus residents will need public information, education and tools so they are prepared to take responsibility for basic needs (food, water, medications, etc.).

### III. CONCEPT OF OPERATIONS

#### A. General

1. In order to effectively identify the actions associated with a pandemic incident, this plan has been designed around the four phases of emergency management and their applicability to a human to human transmissible disease.
  - a) **Mitigation** – Defined as activities providing a critical foundation in the effort to reduce the loss of life and property from natural and/or manmade disasters by avoiding or lessening the impact of a disaster. This phase focuses on such actions as proper hygiene, vaccinations, and employee health care programs. Implementation of this phase has already occurred, as many governments, businesses and individuals have recognized the potential impact a pandemic outbreak may have and implemented mitigation actions previously. It is recognized that the tasks identified in this phase will most likely never be completed in their entirety, but are terminal objectives that each tasked entity should be working towards.
  - b) **Preparedness** – Defined as a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response. Examples of these activities include developing plans, procedures or guidelines, establishing memorandums of understanding, or compiling equipment and resources for the response phase.
  - c) **Response** – Defined as those activities that address the short-term, direct effects of an incident. These include immediate actions to save lives, protect property, and meet basic human needs.

Public health authorities at the federal, state and local levels provide constant syndromic monitoring. It is through this monitoring that an outbreak will most likely be detected. Because Schuylkill County lacks a county level public health

authority, all guidance on such matters will be provided by the Pennsylvania Department of Health through the State Health Center in Pottsville and the Southeast District Office-Reading.

Implementation of the response phase shall occur when any of the following occur:

- ✓ Direction is received by the Schuylkill County Emergency Management Agency from the PA Department of Health that the plan should be implemented;
- ✓ Direction is received by the Schuylkill County Emergency Management Agency from the Pennsylvania Emergency Management Agency that the plan should be implemented;
- ✓ The Board of Commissioners, with guidance from the Schuylkill County Emergency Management Agency determine that implementation of the plan is in the best interest of the community; or
- ✓ Exercise activities in the interest of the process improvement dictate the need.

It will be the responsibility of the Board of Commissioners through the Schuylkill County Emergency Management Agency, to implement the response phase of this plan based on conditions observed in the community. This implementation will likely not be due to some obvious or overt happening in the community.

- d) **Recovery** – Defined as the development, coordination, and execution of service- and site-restoration plans in addition to the reconstitution of services, social, political, environmental, and economic restoration and the development of initiatives to mitigate the effects of future incidents. Previous significant disasters show that the recovery phase is usually equal to 10 times the response phase. Therefore, if a pandemic outbreak lasts for one month, it is reasonable to assume that it will take ten months to recover from the outbreak. Actions one could expect during the recovery phase of a pandemic include recovery of the financial infrastructure, medical and emergency services, and the psychological recovery of victims and their loved ones.

## B. Organization

Planning guidance and models recommend that distinct lines of authority are established with State, Regional, County and Municipal entities. Because of the predicted scope of a pandemic event, assistance from agencies outside the County and municipal realm will most likely be unavailable. With this assumption in mind, this plan has been developed around the county and municipal planning model using the emergency support function (ESF)

standard. This standard aligns categories of resources and provides strategic objectives for their use. Because the sheer number of businesses, employers, and agencies in Schuylkill County would make this plan incomprehensible if individually addressed in this plan, entities can identify which ESF function closely matches their discipline and examine recommendations that should be utilized in the four distinct phases of a pandemic incident.

### **C. Notifications**

The purpose of this section is to define how Schuylkill County will make known to the necessary individuals and agencies that the response phase of the plan is being implemented.

Notifications in times of disaster must move both up and down chains of command, with certainty of success gained only when notifications are received full circle. Three types of notification are recognized in this plan:

1. **Inter-Organization Notifications** – These notifications will be made by the staff of the Schuylkill County Emergency Management Agency using existing systems and telephone and e-mail lists. Decisions about the prioritization and types of notifications will be based on the needs at the time of the implementation. Examples of this type of notification include those departments and individuals within the county including:
  - a) Schuylkill County elected officials and department heads;
  - b) Schuylkill County Emergency Operations Center staff; and
  - c) Schuylkill County 911 Center staff.
  
2. **Intra-Organization Notifications** – These notifications will be made by previously established methods including the Pennsylvania Emergency Incident Reporting System, Schuylkill Alert, telephone and e-mail. These are notifications to entities with roles in the response phase that are not part of the county government organization. These include:
  - a) Pennsylvania Emergency Management Agency;
  - b) Schuylkill County Emergency Medical Service agencies;
  - c) Schuylkill County municipalities;
  - d) Lehigh Valley Health Schuylkill-South, Pottsville
  - e) Lehigh Valley Health Schuylkill– East, Pottsville
  - f) St. Luke’s Miners Memorial, Coaldale
  - g) Geisinger St. Luke’s Medical Center, West Brunswick Twp.
  - h) Schuylkill County Medical Group (Nursing Homes, Personal Care Homes, Surgery Centers, and Home Health Agencies)
  - i) Schuylkill County School Districts

It should be noted that this list is not inclusive of all agencies requiring knowledge of the crisis situation. It represents the contacts to be made by Schuylkill County with the intention that other notifications will take place as a result (e.g., PEMA will notify PA DOH, PA Department of Education, etc; Local municipalities will notify their emergency services, etc.). In addition, notifications to private entities

will occur through these notifications (e.g., Office of Aging will notify assisted living facilities, MH/MR will notify SAM, etc.).

3. **Public Notifications** – These are notifications made to the public through media, press, social media, or public warning systems including the Emergency Alert System. All public notifications during the response phase will be made as part of an established joint information system managed at the local level from the Schuylkill County EOC by the county designated Public Information Officer in consult with the PIO at the State EOC. All such notifications will be in concert with the policies and guidance contained in the Schuylkill County EOP ESF Annexes 2 & 15. It is understood that notifications made during the response phase differ from, and therefore will not follow the same procedures as other notifications.

#### **IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES**

A typical emergency operations plan formatted and developed using guidance from the Federal Emergency Management Agency, recognizes that in most situations one entity will be relied upon to respond to an emergency situation (the primary agency) and other entities may serve in a support capacity (the support agencies). No single agency can be identified as the primary agency for a pandemic event. Rather, various agencies must be identified as leads for certain aspects of the response. This section of the plan will designate the responsibilities of the various stakeholders as they pertain to the phases of a pandemic event. The organization of this plan and the associated annexes is structured around the 22 Emergency Support Functions which are designated in the Schuylkill County Emergency Operations Plan. Using this format, entities can identify which ESF closely matches their function and review that particular ESF for recommendations in each of the four phases.

The checklists developed for this plan identify discipline specific information which should be considered when mitigating against, preparing for, responding to, or recovering from a pandemic event. In addition to the information contained in the checklists, all businesses, organizations, and associations should consider the following basic planning questions and ensure that these are taken into account when developing a plan;

- What is the threat (e.g., spread, duration, virulence) to my organization, the community, and the nation?
- Where will it appear first, and how will I know when it does?
- When will it begin affecting my organization, the community, and the nation?
- How will government help to inform and support my organization?
- How can I help to support the business sector, my community and the nation?
- How will it affect my organization, the community, and those that depend on me?

**A. Roles & Responsibilities**

**1. Local Government**

This level of government represents the nation's front lines in the pandemic battle. They will face extreme challenges in maintaining normal operations in the face of widespread illness and increased demand on most government services. Responsibilities of the local government include the following:

- Ensuring all reasonable measures are taken to limit the spread of an outbreak within and beyond the community's borders;
- Establishing comprehensive and credible preparedness and response plans that are exercised on a regular basis;
- Integrating non-health entities, including law enforcement, utilities, and municipal services in pandemic planning;
- Identifying key spokespersons for the community, ensuring that they are educated in risk communications, and having coordinated crisis communication plans; and
- Providing public education campaigns on pandemic influenza.

Due to the scope and severity of an anticipated pandemic event and the lack of resources available to local government officials, collaboration between private industry and government is essential during the preparedness phase. In addition, the response phase will bring a shortage of resources and personnel whereby assistance from private industry will be necessary to assist in the community's response to the emergency. With this in mind, businesses, non-profit organizations and non-governmental organizations should identify ways that assistance can be provided to the community during the four phases of a pandemic incident. A partial list of these considerations can be found in the various annexes to this plan.

**2. Private Sector**

The impact of all disasters is generally felt most severely at the local level. Private sector businesses should familiarize themselves with the various pandemic containment and response options including social distancing, quarantine laws, and movement restrictions, in the jurisdictions where they operate. Business executives should also assess the diverse national and international legal and regulatory authorities, issues, and restraints that could affect their business, supply chain, transportation of goods and services, priority for municipal services, and workplace safety issues. Additionally, executives should fully assess the risks, impacts, and implications of pandemic-related disruptions to international production, supply chain, and goods and personnel movement. The majority of businesses rely on a global network of essential material and support functions. Disruptions in international trade could result in cascading impacts

across private sector businesses even before pandemic disease outbreaks reach the United States.

The private sector has a significant role to play in preparing for a pandemic event. As outlined in the National Strategy for Pandemic Influenza, private sector businesses and industries should consider the following:

- Establishing a process for infection control in the workplace, including options for working offsite while ill, systems to reduce infection transmission, and worker education;
- Establishing internal surveillance protocols to monitor the health of workers and business stakeholders and to keep local public health officials informed;
- Developing all-hazard continuity of operations plans to maintain delivery of essential goods and services despite significant and sustained worker absenteeism;
- Monitoring regional/national/international pandemic threat levels for trigger-point changes that will affect the business;
- Coordinating with government officials and community stakeholders to share planning, preparedness, response, and recovery information; and
- Establishing partnerships with other members of the sector to provide mutual support and maintenance of essential services during a pandemic.

To maintain essential levels of service and ensure that basic goods are available during a pandemic, the federal government identified 13 sectors as critical infrastructure sectors. It is critical that these 13 sectors develop continuity of operations plans to ensure that their services are available. These sectors should also coordinate pandemic planning with all appropriate private and public entities:

- |                                  |                              |
|----------------------------------|------------------------------|
| ▪ banking & finance              | ▪ information technology     |
| ▪ chemical & hazardous materials | ▪ national monuments         |
| ▪ defense industrial base        | ▪ postal & shipping          |
| ▪ emergency services             | ▪ public health & healthcare |
| ▪ energy                         | ▪ telecommunications         |
| ▪ food & agriculture             | ▪ transportation             |
| ▪ water                          |                              |

### **3. Personal and Family Preparedness**

The majority of actions identified in this plan target businesses of varying types. It is critical to remember that emergency preparedness **MUST** begin in the home at the personal level. By following the recommendations found below, individuals can help save lives and keep our community functioning during a pandemic situation.

- Store a two-week supply of food. Select foods that do not require refrigeration, preparation or cooking. Ensure that formula for infants and any special nutritional needs are a part of your planning. Plan for your pets as well.
- Store a two-week supply of water, 1 gallon per person per day, in clean plastic containers.
- Store a supply of nonprescription drugs, such as pain relievers, cough and cold medicines, stomach remedies and anti-diarrheal medication, as well as vitamins and fluids with electrolytes (such as sport drinks).
- Store health and cleaning supplies, such as bleach, tissues, paper towels, toilet paper, a thermometer, disposable gloves, soap, and alcohol-based hand sanitizers.
- Clean your hands often with soap and water or alcohol-based hand sanitizer.
- Cover your mouth and nose with a tissue when you cough or sneeze and clean your hands afterward.
- Put used tissues in a wastebasket.
- Cough or sneeze into your upper sleeve if you don't have a tissue.
- Keep your hands away from your eyes, nose and mouth to prevent germs from entering your body.
- If you display signs or symptoms of the flu you should stay home from work, school and errands and avoid contact with others.
- The emergency service agencies will most likely be overtaxed, therefore attempt to utilize your family doctor for medical advice and minor treatment, and resort to emergency rooms for severe medical complications only.

A comprehensive list of actions that can be taken can be found in the Personal and Family Preparedness Annex of this plan.

## **B. Emergency Support Functions (ESF)**

This portion of the plan identifies the 22 Emergency Support Functions identified in the County and municipal all-hazard emergency operations plan and relate those functions to a pandemic outbreak. Using this format, entities can identify which ESF closely matches their function and review that particular ESF for recommendations in each of the four phases.

### **1. TRANSPORTATION ESF1**

The transportation system, vital to every resident and visitor to Schuylkill County, is responsible for delivering millions of people and billions of dollars of goods each year. Built around the “just-in-time” delivery of goods and services, any disruption to the transportation system could have cascading effects on many other functions and disciplines in the County. Maintaining a healthy and viable transportation system during a pandemic event will be highly dependent on the degree of preparedness, the ability to respond, and the capability to recover within each of the major transportation modes identified below:

- Aviation (airports / commercial airlines);
- Rail (rail carriers, both passenger and freight);
- Highway (commercial shipping); and
- Mass Transit (commercial buses, taxis).

The entities which comprise the transportation system in Schuylkill County must identify methods to continue operations during a pandemic event, giving priority to the transportation of the following materials and resources;

- Pharmaceuticals for the treatment of pandemic flu;
- Food supplies;
- Fuel for transportation and heating;
- Sanitizing materials;
- Personal hygiene products;
- Supplies for emergency service providers;
- Transportation of individuals (both sick & well);
- Movement of essential work forces;
- Transportation for disposition of the deceased; and
- Move of the public at large.

In order to continue to provide transportation services, entities must address several key issues related to a pandemic event, some of which are included below:

- Personal protective equipment must be provided to drivers and employees serving in the transportation function in an attempt to minimize the transmission of the influenza virus.
- Multiple sources for fuel resources need to be identified during the preparedness phase, in addition to alternate transportation methods, and re-routing or combining transportation services with other providers.

- Alternate drivers and employees should be identified, in addition to partnering with other transportation entities to allow services to be combined.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from a pandemic incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the transportation discipline:

- Mass transportation providers will be asked to cancel routes to public venues such as malls, outlets, large businesses, etc., and establish routes to medical treatment facilities and/or Points of Distribution (PODs).
- Private mass transportation providers will be asked to cancel trips and/or tours and assist local government and the public mass transportation providers with the transportation resources necessary to deliver community residents to medical treatment facilities and/or PODs.
- Commercial motor carriers will be asked to use their resources (storage trailers, commercial delivery vehicles) for the task of delivering and storage of resources.

Consult the Transportation Annex of this plan for a comprehensive list of recommended actions to be taken during the four phases of a pandemic outbreak.

## **2. COMMUNICATIONS ESF2**

Emergency communications facilities serve as the central hub for communication and coordination of emergency response actions during everyday emergencies. Because of the critical nature of these organizations, planning for the four phases of a pandemic event is critical. During a pandemic, it is most likely that they will be faced with higher demands for services while experiencing problems similar to the rest of the community – increased employee absenteeism, disruption of supply chains and increased rate of illness. The following facilities have been identified as those whose responsibilities fall under the Communications ESF of this plan.

- Emergency communications facilities (police, fire, EMS);
- Emergency Operations Centers; and
- Amateur Radio Emergency Services (ARES) / Radio Amateurs Civil Emergency Service (RACES)

Several important issues which must be planned for prior to a pandemic event are included below. A comprehensive list can be found in the Communications Annex of this plan.

- In order to be effective in call-taking and dispatching, the telecommunicator must have accurate, up-to-date information to relay to the public;

- Alternate protocols need to be developed to triage requests for service based on information received from the complainant; and
- With the anticipated shortage of staff, cross train telecommunicators so that functions can be staffed by numerous people.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from a pandemic incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the communications discipline:

- Maintain an awareness of the origin of requests for assistance from callers with pandemic symptoms. Compile this information on a frequent basis and report this to the County EOC.
- Communicate information pertaining to the pandemic to public safety agencies throughout the county.

### **3. PUBLIC WORKS ESF3**

Public works professionals play a key role in operating critical infrastructure services, such as water treatment and distribution systems, power generation and distribution systems and other critical infrastructure whose failure can directly impact the ability to respond to a pandemic event. In addition, these professionals can provide for other essential services such as debris management, detour route establishment and maintenance & upkeep of municipal and state roadways.

The following have been designated as public works agencies for the purpose of this plan:

- Municipal public works departments;
- Municipal water and sewer management; and
- Engineering firms and construction companies tasked with municipal public works management;

Management and maintenance of the critical infrastructure is the key role for public works officials. Several essential functions which must be considered during a pandemic event are listed below. More information can be found in the Public Works Annex of this plan.

- Cross-train personnel in public works functions to assure that all personnel can perform numerous jobs;
- Identify non-critical functions which can be suspended during a pandemic incident (street cleaning, lawn and parks maintenance); and
- Have employees who are tasked with non-critical functions (building inspectors, code enforcement, plumbing inspectors) trained in public works tasks to be able to assist the public works agencies during a pandemic.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from a pandemic incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the public works discipline:

- Provide resources such as barricades and other traffic control devices to assist the county or local government in a wide scale traffic management plan in or around PODs, medical treatment facilities, or other critical facilities.
- Supplement area EMS agencies with trained public works staff (e.g., drivers for ambulances, etc.).

#### **4. FIREFIGHTING ESF4**

Emergency services of any type will most likely be severely impacted by a pandemic event. Because of the sheer nature of this public service oriented discipline, planning actions must be taken to assure the impact is minimal and operations can continue with decreased staffing. With many fire departments also offering emergency medical services, or providing mutual aid to EMS agencies, the role of the fire department during a pandemic event will most definitely shift from the traditional fire suppression role to an emergency medical treatment role. With this in mind, the agencies identified below must not only consider maintaining and staffing fire suppression resources, but also emergency medical resources. Agencies identified as being included in the Firefighting ESF include;

- Municipal fire departments;
- Brush fire task forces; and
- Fire brigades.

Consider the following recommendations when developing a pandemic response and recovery strategy for fire service oriented agencies. A comprehensive list of recommendations can be found in the Firefighting Annex of this plan.

- Identify non-critical fire services (fire prevention, code enforcement, training, etc.) and reassign personnel usually tasked with these operations to critical services;
- Revise staffing and response procedures (e.g., Assign one chief to investigate an automatic fire alarm rather than committing the resources of several apparatus and personnel); and
- Ensure fire department personnel have an adequate stock of personal protective equipment (e.g., nitrile gloves, safety glasses, masks, etc.) and that universal precautions are implemented on any incident where contact with the public occurs.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from a pandemic incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local

government is also critical. It is assumed that during a pandemic event, the traditional role of the fire service will adapt to more of a medical treatment function. Although the everyday emergencies will continue, fire service personnel should be prepared to assist EMS agencies and medical service providers with triage and treatment. The following are expectations from local and county government for the fire service discipline:

- Assist EMS agencies by providing trained staff with QRS capabilities to respond to minor medical emergencies.
- Provide available fire police personnel to assist with traffic management around PODs, medical facilities, and other critical areas.

#### **5. MASS CARE, EVACUATION & SHELTERING ESF6**

Agencies tasked with functions involved with mass care, evacuation or sheltering should consult the Health & Medical ESF and/or the Business & Industry ESF.

#### **6. HEALTH & MEDICAL ESF8**

As a component of the Nation's critical infrastructure, the health & medical sector will play a vital role in responding to requests for assistance, triaging patients, and providing emergency treatment to patients during a pandemic. The health & medical sector will also assist with the management and disposition of the fatalities associated with the pandemic. Assuring the viability of the workforce and their families through social support services is essential to supporting the workforce's role in mitigating and responding to an influenza pandemic. Staff may be apprehensive about leaving home, need to care for sick family members and/or may find it difficult to travel to work during a pandemic. Additionally, burnout from stress and long hours may occur.

This plan encompasses a significant number of disciplines and agencies, all of which will be impacted by a pandemic event in a number of ways. No other function will be more critical during an event than those tasked with the treatment of casualties and disposition of fatalities of those individuals affected by influenza. The following entities have been identified as having responsibilities which fall under the Health & Medical Annex:

- Hospitals;
- Assisted Living / Skilled Nursing / Personal Care Homes;
- Rehabilitation / Physical Therapy Agencies;
- Laboratory agencies;
- Doctors offices;
- Home health care providers;
- Emergency Medical Service agencies;
- Aeromedical services;
- Adult day care;
- Mental health agencies;

- Pharmacies;
- Coroners;
- Funeral Homes / Mortuary; and
- Cemeteries / Mausoleums.

The following items highlight some of the key principles that must be identified during a pandemic event. A comprehensive list can be found in the Health & Medical Annex of this plan.

- How will agencies identify when a pandemic influenza has impacted their operation (e.g., surveillance, trigger points);
- What non-essential functions can be suspended and personnel reassigned to critical tasks (e.g., elective surgery, physical therapy);
- What methods are in place to deal with a significant number of deceased and ensure that dignity is maintained and cultural and religious beliefs are considered during this period; and
- Work with the human resources representative to identify retired health professionals who may be able to assist if a shortage of employees occurs.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from a pandemic incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the health & medical discipline:

- Implement alternative standards of care to address patients presenting with flu-like symptoms.
- Hospitals, nursing homes, and other care facilities should expect to provide a report on available bed space, resource status and number of individuals presenting or residing at the facility with flu like symptoms.
- EMS agencies will be asked to cancel routine, non-emergency medical transports.
- Assist the County and State Department of Health in identifying alternative care sites to relieve demand on hospital emergency departments and care for persons not ill enough to merit hospitalization.
- Pharmacists, pharmacy personnel, and other individuals with a medical background should expect to be requested to provide assistance in tasks such as dispensing of medications, administration of vaccines, and patient screening.

## **7. FOOD & WATER ESF7**

A pandemic influenza event would dramatically disrupt the processing and distribution of food supplies across the nation, emptying grocery store shelves and creating crippling shortages for months. Entities involved in the distribution and marketing of foodstuffs are familiar with this scenario as it occurs each time a significant amount of snow is forecasted. Contingency plans must be developed by the following

agencies to address this shortage and ensure that food and water resources are available during an event:

- Grocery stores;
- Food processing, distribution, or storage facilities;
- Restaurants;
- Bulk water suppliers; and
- Agriculture suppliers / farms.

Several key questions which need to be answered are found below and additional topics which should be addressed in a pandemic influenza plan are found in the Food & Water Annex to this plan.

- How will supermarkets and distributors receive product when the supply chain is disrupted or shut down completely?
- Consider eliminating food stuffs from inventory which may be difficult to decontaminate (e.g., fruits, vegetables) and distributing only canned goods.
- Agriculture suppliers and farmers should develop alternate methods for harvesting and distributing food stuffs in an attempt to minimize the potential for the dispersal of the influenza virus.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from a pandemic incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the food & water discipline:

- Assist County and local governments in identifying sources of and obtaining and arranging transportation for ice, human food & animal feed and water to designated staging areas.
- Collaborate with the American Red Cross to identify food and water needs at established shelters.

## **8. ENERGY & UTILITIES ESF12**

Pandemic planning for energy & utility providers should be designed to protect the employees, and to ensure operations of their respective infrastructure are properly supported. Those agencies who can utilize the Energy & Utilities annex of this plan are identified below:

- Electric providers / Power plants;
- Water utilities;
- Natural / LPG gas providers;
- Telephone & television service providers;
- Pipeline entities;
- Cellular communication providers;
- Internet service / Information technology providers; and
- Radio communication providers;

Although many of the planning assumptions and concerns with a pandemic incident are similar, utility providers need to consider some

specific issues which are addressed in the appropriate annex to this plan. For instance;

- What non-essential services can be suspended and personnel resources be reassigned to critical functions such as power plant operations and system switching?
- How can control room operations be amended to minimize staff needed to oversee operations?
- Are public safety answering points, emergency service providers, and health facilities given priority of service to assure their continued operation?
- Will EAS stations be able to stay online during a pandemic incident?

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from a pandemic incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the energy & utilities discipline:

- Ensure that priority service is given to critical infrastructure and emergency service providers.
- Provide status reports on utility service to the County and/or municipal emergency operations center.

## **9. LAW ENFORCEMENT ESF13**

Public health emergencies pose special challenges for law enforcement, whether the threat is manmade or naturally occurring. Policing strategies will vary depending on the cause and level of the threat, as will the potential risk to the responding officers. Depending on the threat, law enforcement's role may include enforcing public health orders, securing perimeters, securing health care facilities, controlling crowds, investigations, and protecting national stockpiles of vaccines. Agencies which may be tasked with these functions and are applicable to the Law Enforcement Annex of this plan are as follows:

- Municipal police departments;
- County sheriff's office;
- Detention centers; and
- Private security agencies.

It is critical that private security services associated with protecting critical infrastructure and key resources throughout the County develop the necessary plans to ensure they have the capability to carry out their responsibilities throughout the event period, which will mitigate the demand for additional public sector resources. Depending on the scope and severity of the incident, consideration may be given to these agencies to provide support to the municipal police departments or county law enforcement assets.

Specific issues which need to be addressed by the law enforcement discipline include the following;

- What will officers do when an individual suspected of a crime and is infected and needs to be incarcerated?
- What operations can be suspended during a pandemic outbreak (e.g., routine traffic stops, court appearances, foot patrol of public venues, etc.)?

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from a pandemic incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the law enforcement discipline:

- Prioritize and triage requests for services based on severity of incident and implement alternatives to normal response.
- Provide security at PODs, shelters or other medical care facilities in the respective municipalities.
- Isolate sections of the community during a pandemic outbreak.
- Assist with traffic management around health care facilities or other critical infrastructure being operated (e.g., food distribution facilities, pharmacies, hospitals, etc.).

#### **10. PUBLIC INFORMATION ESF15**

The mission of the public information function of this plan is to identify mechanisms to educate individuals, families, organizations and businesses throughout Schuylkill County on the importance of pandemic preparedness. During a confirmed outbreak of influenza, these mechanisms will also be utilized to transmit accurate information on the status of the event and provide guidance on the proper methods of protection from human to human transmission of the influenza virus.

Agencies which can assist in this process are identified as;

- TV & radio broadcasting companies; and
- Newspaper services.

Actions which need to be considered include the following:

- Provide timely, accurate, consistent, and appropriate information about pandemic influenza;
- Emphasize the rationale and importance of adherence to public health measures that some people may consider intrusive (e.g., quarantine);
- Promptly address rumors, inaccuracies, and misperceptions; and
- Adapt materials for others with special needs (e.g., non-English speaking populations, difficult-to-reach communities, and persons living in institutional settings) receive appropriate information.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from a pandemic incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the public information discipline:

- Ensure that any public information statements provided to your organization are transmitted or published in a timely manner.
- Allow the utilization of e-mail broadcast messages, websites, text messaging and other mass communication methods utilized by your agency for the dissemination of important information related to the incident.

Other essential functions can be found in the Public Information Annex to this plan.

#### **11. ANIMAL CARE & CONTROL ESF11**

After Hurricane Katrina struck New Orleans, it was identified that emergency plans were lacking information and procedures on how to accommodate individuals with service animals and household pets. As a result of this, the Robert T. Stafford Disaster Relief and Emergency Assistance Act, (Stafford Act) was amended with the "Pets Evacuation and Transportation Standards Act of 2006" to require state and local emergency preparedness operational plans to address the needs of individuals with household pets and service animals following a major disaster or emergency. The purpose of the Animal Care and Control Annex of this plan is to assist those agencies identified below with the planning, response and recovery phases of a pandemic event.

- Veterinarians;
- Animal hospitals; and
- Animal shelters.

Actions which need to be considered by the disciplines identified above include;

- If the virulence causing the pandemic outbreak is avian or zoonotic in nature, ensure that precautionary measures are taken to prevent the transmission of the virus;
- Ensure that the County Animal Response Team (CART) has considered how stray or abandoned animals will be cared for, in addition to those animals brought to established shelters;
- Inventory resources and supplies of the organization and determine if these could be utilized by other disciplines tasked with the response to a pandemic influenza.

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from a pandemic incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local

government is also critical. The following are expectations from local and county government for the animal care & control discipline:

- Assist the CART with resources which may be necessary to treat, manage and contain animals which may have been abandoned or otherwise impacted.

Additional planning and preparedness concerns for agencies responsible for animal care and control can be found in the Animal Care & Control Annex of this plan.

## 12. HUMAN RESOURCE MANAGEMENT ESF15

This annex provides human resource management guidance for agencies tasked with personnel management and also any company or organization that maintains a human resource department or performs functions associated with the management of employees.

Within this function, there are numerous essential tasks which must be considered during a pandemic outbreak.

- **Staffing** – Sufficient staffing will be crucial to the emergency management process. With the potential of 40% of the employees falling ill or not reporting to work due to the care of ill family members, it is essential that staffing considerations be identified during the development of a pandemic plan.
- **Telecommuting & Social Distancing** – Actions such as telecommuting, alternate work schedules, and multiple / staggered shifts will not only minimize the transmission of the virus at the workplace, but also provide alternatives for staffing issues.
- **Health Benefits Administration** – Administration of employee health benefits should be addressed, especially if the availability of these is minimized during a pandemic outbreak. Alternate procedures should be developed to reimburse employees who may not be able to visit network providers.
- **Workers' Compensation** – Claims for workers' compensation must continue during a pandemic event, and alternative procedures should be included in the plan to address a lack of resources or personnel able to process these claims.
- **Employee Assistance Programs** – Because of the severity and scope of a pandemic influenza, it is anticipated that employee assistance programs will be taxed, as the agency who maintains and staffs these programs will also be subject to the 40% reduction in workforce. Human resource agencies should collaborate with their employee assistance program provider to assure that their services will be available.

### **13. DIRECTION & CONTROL ESF5 (LOCAL GOVERNMENT)**

The elected officials of a municipality are responsible for the protection of lives and property of the citizens and exercise ultimate supervision and control over the four phases (prevention, preparedness, response and recovery) of emergency management activities within the municipality. No matter the scope, nature or impact of an emergency, all emergency incidents begin at this level of government, therefore it is crucial that a comprehensive emergency operations plan is developed in addition to hazard specific annexes.

The Direction and Control ESF for the Schuylkill County Community Pandemic Plan addresses those situations which are unique to a pandemic event which local governments need to consider when developing a plan.

Actions to consider when planning for a pandemic event include, but are not limited to;

- What essential functions that the local government provides must be continued during a pandemic outbreak (e.g., law enforcement, fire protection, refuse collection, sewage treatment, etc.)?
- Are there any non-essential functions that can be suspended and personnel reassigned to complete the identified essential functions?
- What succession leadership and delegations of authority have been established?

### **14. BUSINESS & INDUSTRY ESF14**

Due to the nature of a pandemic event, every individual, business, government, and organization must be adequately prepared to respond to an incident of this national significance. Because of this, general guidance is provided to all types of businesses in the Business & Industry Annex of this plan. It should be understood that this particular annex is generic in nature therefore any organization can utilize the information in this section.

An important point which must be considered during the development of a pandemic plan involves inter-agency dependencies and cascading effects. Many businesses rely on others for raw materials, utilities and manpower. These requirements must be identified and an agreement should be reached specifying how the raw materials (if available) will be distributed.

When developing a pandemic plan, businesses and industries should consider the following, in addition to those listed in the Business & Industry Annex;

- What industries or other businesses does the businesses rely on to conduct day-to-day operations?
- Are Memorandums of Understanding established between these businesses to assure that supplies will be received?

- How will a reduction of 40% of the workforce impact your business operations?

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from a pandemic incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the business & industry discipline:

- Businesses and industries who manufacture or supply medical equipment, health care supplies, or other durable medical equipment should expect that assistance will be requested in fulfilling unmet needs in which their services or supplies can be utilized.

## **15. EDUCATION SERVICES ESF15**

Schools, colleges, universities, and trade schools will play a key role in communicating pandemic related information to parents and other community members. Preparedness information can be disseminated using such methods as brochures sent home with students, presentations to parent-teacher organizations and informational seminars during teacher in-service days.

Although educational institutions may provide an excellent method of outreach, schools, colleges and universities also may provide an environment that is very conducive to accelerating the spread of influenza not only within schools, but throughout the community.

Because of the potential for facilitating the spread of the influenza virus, it may be determined that the best course of action is to suspend school activities and close the buildings during the event. The decision to close schools will necessitate consideration of other actions related to other types of facilities, activities, and functions that bring people together, particularly in closed environments. The following entities have been identified as those having a critical role in the planning and response to a pandemic event:

- Elementary, Secondary, Higher Education Institutions;
- Trade / Technical Schools;
- Intermediate Units;
- Private / Parochial Schools; and
- Day Cares / After School Programs.

These agencies must not only consider how a pandemic event will impact their operation, but also how the cascading effects of a school closure will impact other organizations.

- If schools are closed, how will students complete assignments and submit for grading?

- If schools remain open and the institution witnesses a decrease in teacher attendance, what subjects can be suspended to allow other teachers to instruct in key subjects?
- If colleges and universities have students from other countries, how will they care for these students, or others that may not be able to travel home?

Collaboration with like agencies and resource providers is a critical aspect of planning for, responding to, and recovering from a pandemic incident. Due to the potential lack of resources and assistance available from normal resource providers, working with local government is also critical. The following are expectations from local and county government for the education discipline:

- Work with county and/or local government to provide transportation resources.
- Provide staff (particularly those with medical training) to serve as volunteers at points of distributions (PODs).
- If schools are to remain open, provide information on student absences and impact of the pandemic to the Education ESF representative at the County or local EOC.

### **C. Inter-Agency Dependencies**

1. As part of the pandemic planning process, individuals and businesses must identify other agencies or resources which are dependent on their operations. For instance, community members rely on grocery stores and convenience stores for their supply of food, water and other necessities. Grocery and convenience stores must identify who they rely on to receive the products; farmers, food distribution companies, warehousing facilities, transportation providers, etc. Once these inter-agency dependencies are identified, a collaborative approach should be utilized in developing pandemic preparedness plans for each entity.

## **V. ADMINISTRATION AND LOGISTICS**

### **A. Administration**

1. In an attempt to maintain a situational awareness of the impact of the pandemic event, local governments will submit situation reports to the Schuylkill County Emergency Management Agency in a timely manner. It is encouraged that businesses and non-governmental agencies maintain documentation locally regarding the impact of the event on their agency. This information should be in a professional format that is easily understood and transmitted to requestors.
2. Municipalities, businesses and non-governmental agencies should utilize pre-established bookkeeping and accounting methods to track and maintain records of expenditures and obligations.

**B. Logistics**

1. Primary response to all emergencies begins at the local level. Each municipality is to establish mechanisms and procedures to allow its emergency services to secure all reasonably foreseeable resources necessary to address anticipated hazards.
2. When resources are exhausted at the local government level, or prudent planning projects that resources will become exhausted, as dictated by PA Title 35, the next level of emergency management shall coordinate assistance and attempt to satisfy unmet needs. Assistance may come from:
  - Surrounding municipalities and counties;
  - The Commonwealth of Pennsylvania;
  - Federal agencies; or
  - Private partners.

Unless otherwise established, the cost for such assistance, if any, will be born by the entity making the initial request for assistance.

**VI. TRAINING AND EXERCISES**

**A. Training**

1. For training purposes and exercises, this plan can be activated as deemed necessary.
2. Organizations utilizing the guidance found in this plan should also consider training employees, volunteers, and other personnel in the preparedness, response and recovery actions pertaining to a pandemic event.

**B. Exercise**

1. After personnel have been trained in the plan contents, it is encouraged that an exercise program be established to test the knowledge, skills and abilities of those trained.
2. Exercises should be designed and structured in accordance with the Homeland Security Exercise Evaluation Program (HSEEP).

**VII. PLAN REQUIREMENTS, MAINTENANCE AND DISTRIBUTION**

**A. Required Review**

1. The plan components will be reviewed and updated by the County Emergency Management Coordinator on a regular basis, but not less than annually. Whenever this plan is implemented in an emergency event or exercise, an after action review, consistent with HSEEP guidance, will be conducted to determine if any changes are necessary.

**B. Execution**

1. This plan will be executed upon request of the Pennsylvania Emergency Management Agency, the Schuylkill County Emergency Management Coordinator, the Schuylkill County Board of Commissioners, or any other individual designated by local policy as having such authority.

**C. Distribution**

1. This plan has been developed as a public document and distribution is unlimited. It is the purpose of this plan to provide a comprehensive document to provide to all government agencies, businesses, and non-governmental organizations for the purpose of pandemic planning. The Schuylkill County Emergency Management Agency encourages individuals to distribute this plan to the audience identified in the plan. Copies of this plan can be obtained by accessing the department's website at <https://www.scema.org> .
2. Plan revisions will be distributed via the department's website and other communication methods as deemed necessary. Revisions or changes are documented by means of the "Record of Changes" page. A receipt system shall be used to verify the process.

**VIII. AUTHORITIES AND REFERENCES**

Schuylkill County Emergency Operations Plan, December 2018.

Pennsylvania Emergency Management Services Code 35 Pa. C.S. Section 7101-7707, as amended.

Pennsylvania Counterterrorism Planning, Preparedness, and Response Act (Act 2002-227), December 16, 2002.

East Central PA Task Force Regional Strategic National Stockpile Distribution Plan, December 2005.

Eastern PA Regional EMS Council Disaster Operating Guidelines, December 2019.

National Incident Management System, Department of Homeland Security, December 2008.

Center for Disease Control Pandemic Flu Website: <http://www.pandemicflu.gov>. US Department of Health & Human Services.

Pennsylvania Pandemic Flu Website: <http://www.pandemicflu.state.pa.us>. Pennsylvania Department of Health.

EMS Response to Patients with Suspected Respiratory Illness Standard Operating Guideline, Schuylkill County EMS / Medical Working Group, March 2007.

Pandemic Influenza Plan Guidelines for Virginia Public Schools, Virginia Department of Education. May 2008.

Influenza Pandemic Response Plan, Pennsylvania Department of Health, 2005.

Pandemic Influenza Preparedness, Response, and Recovery Guide for Critical Infrastructure and Key Resources, Department of Homeland Security, September, 2006.

## IX. DEFINITIONS

- **Cascading Effects** – An events that triggers or causes additional impacts.
- **Delegations of Authority** - A delegation of authority identifies who is authorized to act on behalf of the agency head or other officials for specified purposes and ensures that designated individuals have the legal authorities to carry out their duties. To the extent possible, these authorities should be identified by title or position, and not by the individual office holder's name.
- **Emergency Management Cycle** – A subset of incident management, the coordination and integration of all activities necessary to build, sustain, and improve the capability to prepare for, protect against, respond to, recover from, or mitigate against threatened or actual natural disasters, acts of terrorism, or other manmade disasters.
- **Emergency Operations Center (EOC)** – The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction.
- **Emergency Operations Plan (EOP)** – The ongoing plan maintained by various jurisdictional levels for responding to a wide variety of potential hazards.
- **Emergency Support Functions (ESF)** – Used by the Federal Government and many State governments as the primary mechanism at the operational level to organize and provide assistance. ESFs align categories of resources and provide strategic objectives for their use. ESFs utilize standard resource management concepts such as typing, inventorying, and tracking to facilitate the dispatch, deployment, and recovery of resources before, during, and after an incident.
- **FluSurge®** - FluSurge® is a spreadsheet-based model which provides hospital administrators and public health officials estimates of the surge in demand for hospital-based services during the next influenza pandemic. FluSurge® estimates the number of hospitalizations and deaths of an influenza pandemic (whose length and virulence are determined by the user) and compares the number of persons hospitalized, the number of persons requiring ICU care, and the number of persons requiring ventilator support during a pandemic with existing hospital capacity.
- **National Response Framework (NRF)** – Guides how the nation conducts all-hazards response. The NRF documents the key response principles, roles, and structures that organize national response. It describes how communities, States, the Federal Government, and private-sector and nongovernmental partners apply these principles for a coordinated, effective national response. And it describes special circumstances where the Federal Government exercises a larger role, including incidents where Federal interests are involved and catastrophic incidents where a State would require significant support. It allows first responders, decision makers, and supporting entities to provide a unified national response.

- **Orders of Succession** - Provisions for the assumption of senior agency offices during an emergency in the event that any of those officials are unavailable to execute their legal duties.
- **Pennsylvania Emergency Incident Reporting System (PEIRS)** – A web based incident reporting system where incidents of significance are reported to the Pennsylvania Emergency Management Agency to maintain a situational awareness of emergency incidents occurring throughout the Commonwealth of Pennsylvania.
- **Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act)** - The Stafford Act authorizes the President to provide financial and other forms of assistance to State and local governments, certain private nonprofit organizations and individuals to support response, recovery and mitigation efforts following Presidential emergency or disaster declarations.



**XI. RECORD OF CHANGES & UPDATES**

Changes have been made to the plan as indicated, and copies of the changes have been provided to all entities requiring updates as indicated on the plan distribution list.

CHANGE NUMBER	DATE OF CHANGE	DATE ENTERED	CHANGE MADE BY (Signature)
1			
SUMMARY OF CHANGE(S):			
CHANGE NUMBER	DATE OF CHANGE	DATE ENTERED	CHANGE MADE BY (Signature)
2			
SUMMARY OF CHANGE(S):			

CHANGE NUMBER	DATE OF CHANGE	DATE ENTERED	CHANGE MADE BY (Signature)
3			
SUMMARY OF CHANGE(S):			
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