



IDAHO EMERGENCY OPERATIONS PLAN

INCIDENT ANNEX #6

PANDEMIC INFLUENZA

- Primary Agency:** Idaho Military Division (IMD)
- Bureau of Homeland Security (BHS)
- Support Agencies:** Idaho Department of Health and Welfare (IDHW)
Idaho Public Health Districts (PHD)
Executive Office of the Governor
Idaho Department of Administration (IDOA)
Idaho Department of Environmental Quality (DEQ)
Idaho Department of Commerce
Idaho Department of Labor
Idaho Office of the Attorney General
Idaho State Department of Education
Idaho State Board of Education
Idaho Commission on Aging
Idaho Division of Veterans Services
Idaho Council for the Deaf and Hard of Hearing
Idaho Military Division (IMD)
- Idaho National Guard (IDNG)
Idaho Transportation Department (ITD)
Idaho State Department of Agriculture (ISDA)
Idaho State Police (ISP)
Idaho Fish and Game (IDFG)
- Non-Governmental:** Idaho Volunteer Agencies Active in Disasters (IDAVAOD)
- Federal:** U.S. Department of Health and Human Services (DHHS)
U.S. Department of Homeland Security (DHS)

INTRODUCTION

I. Purpose

This Pandemic Influenza Incident Annex has been developed to provide a framework for initiating a coordinated statewide response to an influenza pandemic with Federal, State, tribal, local, private-sector, and nongovernmental partners. A closely coordinated response will help to reduce the morbidity, mortality, and social disruption resulting from an influenza pandemic in Idaho.

II. Scope

This annex addresses Idaho's mitigation strategies, concept of operations, general roles and responsibilities in response to an influenza pandemic in Idaho. It identifies those actions that state government will take to protect the health and safety of Idahoans and includes information for all response partners, at all levels of government, to better understand the consequences and possible adverse impacts of a pandemic event.

This annex applies to all State departments, agencies, and commissions under the direction of the Governor of Idaho that could be mission assigned to provide technical assistance, resources, and to conduct preparedness, response, and recovery operations in actual or potential pandemic outbreaks.

This annex recognizes that many jurisdictions across the state have already developed, to some degree, pandemic influenza plans and therefore does not establish any immediate requirements nor does it address the myriad of issues involved in the health science aspect of patient care. Rather, this annex focuses on the more strategic issue of emergency management, sustainment of critical infrastructure, providing logistical support to Idaho's public health care system, and ensuring continued operation(s) of government in a pandemic environment. It recognizes the authority and autonomy of local/tribal government, Public Health Districts, and private industry. It also contains specific guidance and preparedness recommendations for response agencies at all levels of government and community partners.

III. Policies

A. Annex Implementation/Termination. The decision to either implement or terminate the response portion of this plan and begin recovery operations will be made by the Governor, based on the recommendation of the Adjutant General, Bureau of Homeland Security Director, and the State Health Official. The criteria for termination may include:

1. The pandemic wave or successive waves have passed through the state and infection rates are back at baseline levels and effective control measures are in place; and/or
2. The imminent public health threat has diminished, and/or the impacts of the outbreak on the general population are milder than anticipated.

B. FEMA Disaster Assistance Policies. The following policies and fact sheets are based on authorities outlined in the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) and Code of Federal Regulations (CFR) 44, Emergency Management and Assistance. These outline the types of emergency protective measures that may be eligible under the Public Assistance Program in the event of a major disaster or emergency declaration due to the occurrence of a human influenza pandemic in the United States and its territories:

1. Disaster Assistance Policy DAP9523.17, *Emergency Assistance for Human Influenza Pandemic*, dated March 31, 2007;
2. Disaster Assistance Policy DAP9523.15, *Eligible Costs Related to Evacuations and Sheltering*, dated April 6, 2007;
3. Disaster Assistance Policy DAP9525.4, *Emergency Medical Care and Medical Evacuations*, dated July 16, 2008;
4. Recovery Policy 9525.7, *Labor Costs – Emergency Work*, dated November 16, 2006.
5. Disaster Assistance Fact Sheet DAP9580.104, *Public Assistance for Ambulance Services*, dated January 2, 2009; and
6. Disaster Assistance Fact Sheet DAP9580.106, *Pandemic Influenza*, dated October 22, 2009.

(*Note: You can find more information on Public Assistance eligibility on-line at: <http://www.fema.gov/government/grant/pa/9500toc.shtm>.)

C. Statewide Telecommuting Policies (May 2008): This policy is maintained by the Idaho Division of Human Resources and is applicable to all State of Idaho Executive Branch agencies enabling them to designate employees to work at alternate work locations for all or part of their workweek in order to promote general work efficiencies. It is the policy of the State of Idaho that state agencies that develop telecommuting programs be consistent with the guidance and instructions in this policy prior to telecommuting implementation and adherence to those requirements during the duration of their program. This policy can be accessed on-line at: <http://www.dhr.idaho.gov/LinkClick.aspx?fileticket=n3%2fqIndbsgM%3d&tabid=1034>.

D. Continuity of Operations (COOP) Planning Directive. To help sustain a constitutional government and continue to provide critical services to Idaho's population, Governor's Executive Order 2006-10 directs each state agency to develop and maintain a Continuity of Operations (COOP) plan to:

1. Address how the agency will provide essential services to citizens during response and recovery; and
2. Return the agency to normal operations. An electronic copy of the current COOP will be kept on file at the Bureau of Homeland Security”.

SITUATION AND ASSUMPTIONS

I. Situation

An influenza pandemic is an epidemic of an influenza virus that is easily transmissible from person-to-person, can cause serious illness or death, and can sweep across the country/world in very short timeframe infecting a large proportion of the human population. The appearance of a new or “novel” virus is the first step toward a pandemic. Most humans have little or no immunity to the novel virus. Because the virus is new, there is no vaccine and production of a vaccine may take six months or more. Initial vaccine supplies will therefore be limited, requiring prioritization of target populations most in need of the vaccine.

An influenza pandemic may come and go in multiple waves, with each wave typically lasting for two to three months. An especially severe influenza pandemic could lead to high levels of illness, death, social disruption, and economic loss. Impacts can range from school and business closings to the disruption of critical infrastructure causing temporary interruption of basic services such as public transportation and food delivery. A substantial percentage of the world's population will require some form of medical care. Health care facilities may be overwhelmed, creating a shortage of hospital staff, beds, ventilators and other critical medical supplies. Medical surge capacity at non-traditional sites (such as schools) may need to be established to cope with the demand for patient care.

The unique characteristics and events of a pandemic will strain local, state, and federal resources. It is unlikely that there will be sufficient personnel, equipment, and supplies to respond adequately to multiple areas of the country for a sustained period of time. Therefore, minimizing social and economic disruption will require a statewide coordinated response. Governments, communities, and other public and private sector stakeholders will need to anticipate and prepare for a pandemic by defining roles and responsibilities and developing Continuity of Operations (COOP) plans.

Pandemics Death Toll Since 1900	
1918-1919	
U.S....	675,000+
Worldwide...	50-100 million
1957-1958	
U.S....	70,000+
Worldwide...	1-2,000,000
1968-1969	
U.S....	34,000+
Worldwide...	700,000+

An influenza pandemic has the potential to cause more death and illness than any other public health threat. If a pandemic influenza virus with similar virulence to the 1918 strain emerged today, in the absence of intervention, it is estimated that 1.9 million Americans could die and almost 10 million could be hospitalized over the course of the pandemic, which may evolve over a year or more. In a severe pandemic, planning for Mass Fatalities should be considered. Death rates are determined by four factors:

- The number of people who become infected;
- The virulence of the virus;
- The underlying characteristics and vulnerability of affected populations; and
- The availability and effectiveness of preventive measures.

Characteristics of an influenza pandemic that must be considered in preparedness and response planning include:

- A. Limited resources caused by simultaneous impacts in communities across Idaho and the U.S., limiting the ability of any jurisdiction to provide mutual aid/assistance to other areas;
- B. A high number of people infected, causing an overwhelming surge on the health care system of ill persons requiring hospitalization or outpatient medical care;
- C. Mass Fatality planning;
- D. Shortages and delays in the availability of vaccines and antiviral medications;
- E. Disruption of national and community infrastructures including health care, transportation, commerce, utilities, public safety, etc.; and
- F. Global spread of infection with simultaneous outbreaks throughout the world.

II. Planning Assumptions

In order to effectively plan for an event of such magnitude, a series of planning assumptions must be made to aid in preparations. Planning assumptions identify what the planning team considers to be facts for planning purposes in order to execute pandemic influenza plans.

A. The impact of a pandemic cannot be predicted precisely because it will depend on a variety of factors such as the virulence of the virus, how rapidly it spreads, the availability and effectiveness of vaccines and antiviral medications, and the effectiveness of non-pharmaceutical community containment measures.

B. Susceptibility to pandemic disease may be nearly universal, and only palliative care may be available. Responders and the general public will be equally susceptible to infection. Operational impacts may include a significantly reduced workforce either from illness or workers caring for sick family members. Anticipate that the closure or restricted services available from schools and childcare centers will further exacerbate worker absenteeism.

The demand for vaccine, once it becomes available, is likely to outstrip supply. The supply of antiviral drugs is also likely to be inadequate early in a pandemic. Difficult decisions will need to be made regarding who receives antiviral drugs and vaccines. It is also important to note that if preventive medicines or vaccines are limited, they may be preferentially available to prioritized target populations based on the epidemiology of the disease and those most susceptible to infection as well as workers critical to a medical response and to maintaining infrastructure. Organizations outside of these priority groups may have limited access to these remedies.

C. In a severe pandemic, the clinical disease attack rate may reach 30-45 percent in the overall population during the pandemic. Severe influenza pandemics are associated with many more cases and a higher fatality rate than seen with seasonal influenza outbreaks. The attack rate during an ordinary seasonal influenza outbreak commonly ranges from 5%-20% whereas during a pandemic, the attack rate may be up to 50%.

Estimates of illness and influenza-associated deaths in Idaho during a moderate and severe pandemic using 2007 census data are shown below:

- Moderate Pandemic (25% attack rate; 1.5% fatality rate) = 375,000 illnesses and 5,600 deaths.
- Severe Pandemic (30% attack rate; 2.5% fatality rate, similar to the 1918 pandemic) = 450,000 illnesses and 11,000 deaths.

This means that illness will affect significantly more individuals and will have far reaching impacts. There will be a reduced workforce and organizations will likely scale back on services rendered focusing on essential functions and services. It is important to prioritize which services will be offered and review the staffing needed to provide them. Cascading effects may result in social and economic disruptions that although, temporary, may be amplified by closely interrelated and interdependent systems of trade and commerce. High rates of absenteeism may affect essential services such as power, transportation and communications. There may also be a reduction in the level of services offered by Emergency Medical Services, hospitals, and community health care providers.

D. Some asymptomatic infected persons will be able to transmit the virus. Individuals may be shedding virus and therefore be contagious without exhibiting symptoms. It is important for organizations to review or develop policies and procedures aimed at reducing the transmission of the infection and implement those procedures even for persons who appear well. Such measures include but are not limited to:

- Frequent hand washing;
- Cough etiquette;
- Social distancing; and
- Voluntary isolation if an individual is known to have been exposed.

Additional information about preparing the workplace for an influenza pandemic is available on-line at: http://www.osha.gov/Publications/influenza_pandemic.html#lower_exposure_risk

Organizations should also review policies and procedures related to human capital management including but not limited to:

- Monitoring employees for illness;
- Tracking worker illness;
- Reviewing and revising leave policies;
- Telework options;
- Guidance for pregnant and medically fragile employees; and
- Guidance for using public transportation.

Additional information about workplace planning is available on-line at:

<http://www.pandemicflu.gov/plan/workplaceplanning/businesschecklist.html>

E. Half or more of all ill persons may seek medical care. Systems for sharing surveillance and monitoring information and developing a common operating picture will be of particular importance as more people become ill and begin to stress the healthcare systems. Sharing information and developing common messaging themes should include input from all partners. Organizations can provide information to employees and family members on topics such as caring for an ill family member at home. Additional information is available from the U.S. Department of Health and Human Services: *Pandemic Influenza Planning, A Guide for Individuals and Families*, and is available on-line at:

<http://www.pandemicflu.gov/plan/pdf/guide.pdf>. This will also necessitate clear and consistent public messaging and systems for tracking and reporting locations within the community where individuals can receive treatment. The stress of increasing numbers of

patients in all community settings will necessitate the coordination of tracking availability of services (e.g. operational status of out-patient clinics, determining the need for alternate care facilities, monitoring and preparing for hospital and morgue surge etc.).

F. Risk groups cannot be accurately predicted. Risk groups may not be readily identifiable at the beginning of an influenza pandemic which means that information on targeting the use of limited vaccine or other preventive treatments may not be available immediately. Until preventive treatment and/or vaccine are available, operational considerations will include strategies to contain the disease (e.g. voluntary isolation, social distancing, hand washing and cough etiquette, etc.). Once information about risk groups becomes available, this information should be shared among local, state and federal agencies and organizations so consistent messaging is provided to the public about risk, treatment and prevention options and plans for distribution of Strategic National Stockpile (SNS) and other assets.

G. Absenteeism may reach 30 - 40% during the peak of an influenza wave, with significantly reduced staffing levels for two to three weeks leading up to and after the peak. It is important to keep in mind that critical infrastructure and the economy must continue to function. While 30-40% may be out during the two-week peak of an unmitigated pandemic, 60%-70% of workers are expected to go to work during that same time. According to the U.S. Department of Labor, there are approximately 22 million households with all adults working and children under the age of 18. If one adult from each of those households needs to be home to care for children, 16% of the workforce is affected.

Organizations should consider all the services upon which their offices rely, and attempt to predict how absenteeism would affect each one. Administration supplies/equipment, cleaning/janitorial, and food service needs in organization facilities will be reduced. Conducting a full supply chain review and establishing a listing of alternate suppliers is highly recommended when planning for an influenza pandemic. Other services, such as phone and Information Technology (IT), will be stressed to their maximum levels. Planning for impact on essential staff is important during a pandemic event.

H. Multiple waves are expected, lasting two to three months each. The “waves” of illness that are anticipated will result in a unique, sustained operational period and possible activation of COOP plans. “Down” times between waves of new infections may allow for revisions to plans and operations. Operational considerations may include the need to:

- Review and revise personnel, pay and leave policies;
- Review and create information campaigns both public and internal reiterating and enforcing previous messaging (e.g. containment strategies, family disaster planning, caring for sick family members, etc.);
- Coordinate with public health and surveillance teams to drive the timing and content of messaging;
- Plan for critical incident stress debriefing or other mental health support, particularly for operations and response personnel;
- Evaluate the impact on Mass Casualty and Mass Fatality operations and revise or adjust those plans accordingly;
- Review and revise the implementation of COOP/COG plans;
- Replenish supplies including requesting additional Strategic National Stockpile (SNS) assets if needed; and
- Review/revise plans for vaccine and antiviral drug distribution.

I. Agencies may be in a Continuity of Operations (COOP) mode for an extended period, placing a strain on personnel and support infrastructure. All State agencies have developed a viable COOP plan and have submitted a copy to the Idaho Bureau of Homeland Security per Governor's Executive Order 2006-10. Agencies have trained their personnel and have exercised these plans.

Many activities performed by organizations rely on daily, direct interaction between personnel. This includes not only the operators, but also planners, administrative personnel, and support teams. Organizations should consider all the activities it performs, and the services upon which those activities rely, and examine how extended periods of contact by phone/fax/e-mail only may hamper progress. This may include not only operational impacts, but also psychological impacts on employee morale and functioning. Again, while administrative supplies/equipment, cleaning/janitorial, and food service needs in organization facilities will be reduced, other services, such as phone and IT, will be stressed to their maximum levels

J. Federal resources will be strained, and, in a severe pandemic involving large numbers of cases in every state, resources will be severely taxed or unavailable. During other disasters, Federal partners are capable of bringing extensive resources to State and local jurisdictions. Pandemics pose a unique challenge because federal responders and operational personnel will face similar challenges to those in local and state jurisdictions. Supplies of vaccines and antiviral drugs – the two most important medical interventions for reducing illness and deaths during a pandemic – will be inadequate in all countries at the start of a pandemic and for many months thereafter. Inadequate supplies of vaccines are of particular concern, as vaccines are considered the first line of defense for protecting populations

K. Critical Infrastructure/Key Resources (CIKR) facilities, public safety organizations, and others may be severely impacted with curtailed services due to shortages of personnel. Sustaining and supporting CIKR sectors may be one of the most challenging activities during a pandemic. It is important to encourage employers, especially those that are part of the CIKR, to take every precaution in preventing the spread of disease and continuing operations. In any area possible jurisdictions should encourage facilities and organizations to allow employees to telework and only have healthy essential personnel report for duty in order to keep as many of them influenza-free as possible. Depending on the severity of the pandemic in the jurisdiction, it is likely that these operations will be continuing with limited staffing at best and the jurisdiction needs to keep the public informed about if and how this will cause changes in the daily operations of vital services.

Maintaining basic services and infrastructure reduces influenza mortality. Most people who have access to clean water, food, fuel, nursing, and medical care while they are sick will survive. Safely providing these services to the populations who need them, therefore, is a crucial part of planning for pandemic influenza as it is for other emergencies. However, widespread illness in the community could increase the likelihood of sudden and potentially significant shortages of personnel in other sectors that provide critical public services.

L. Additional emergencies and disasters will occur during an influenza pandemic. Natural disasters, fires and crime will not be hindered by a pandemic, and vital services and response efforts will be needed to face such issues. If vaccines are unavailable in the jurisdiction or the surrounding areas then personnel should take every precautionary method (as mentioned in this document and reference materials) possible to remain healthy and

available to respond to such incidents. Emergency managers should also review any memoranda of understanding (MOU)s or mutual aid agreements (MAA)s they currently have and reach out to these other jurisdictions now to discuss how they can be of assistance to each other and plan regionally.

M. Protocols and procedures for routine activities (e.g., Emergency Operations Centers [EOC]) may need to be modified to provide for social distancing or quarantine where needed.

During a moderate or severe pandemic, a jurisdiction's EOC will most likely play a major role in response and recovery efforts. At the first sign of the pandemic affecting the jurisdiction, essential EOC functional responsibilities should be identified and those personnel (if healthy) should be separated from other employees and social distancing procedures should begin. Social distancing will help curb the spread of the pandemic and can be accomplished in several ways:

- Cancel any and all events or exercises;
- Close buildings or restrict access to certain sites or buildings;
- Cancel any meetings that can be held via telephone even if personnel is all collocated;
- Personnel should avoid use of public or mass transit of any type; and
- All non-essential personnel should be encouraged to work from home.

N. Economic impacts could be widespread and variable. Using results from the Trust for America's Health "Pandemic Flu and the Potential for U.S. Economic Recession: A State-By-State Analysis" report, a severe pandemic (attack rate of 30 percent and 2.5 percent case-fatality rate) would lead to a significant impact on Idaho's economy. The projected gross domestic product loss in Idaho from such a pandemic would be \$2.6 billion. Idaho's workforce would suffer approximately \$1.1 billion in losses. More than an estimated 425,000 Idaho workers would lose 3 weeks of work as a result of becoming ill, fear of infection at work, or need to take care of sick family members.

CONCEPT OF OPERATIONS

I. General

Due to the anticipated characteristics of an influenza pandemic, the State and Federal governments are likely to become involved with providing assistance, guidance, and leadership almost immediately following the onset of such an event. State government's role in the event of an influenza pandemic is to closely track the spread of the outbreak and rapidly mobilize and deploy resources to assist local government efforts in dealing with the expected widespread illness and increased demand on health care systems and most essential government services.

If the Governor declares a "Disaster Emergency" IAW Idaho Code §46-1008, the State's emergency management structure is activated. Overall direction and control authority for emergency response resides with the Office of the Governor, with coordination and emergency management expertise supplied by the Idaho Military Division/Bureau of Homeland Security (BHS). The BHS will operate the Idaho Emergency Operations Center (IDEOC) and provide overall emergency management coordination, communication, and logistical support as requested.

The Idaho Department of Health and Welfare (IDHW), in partnership with Idaho's seven Public Health Districts (PHDs), will also assume a central response role during a pandemic influenza outbreak, based on their technical expertise and statutory authorities over health and medical issues. The BHS and the IDHW will work together, in conjunction with Idaho's PHDs, county/tribal emergency management, and other partners and stakeholders as the mission dictates.

II. Strategic Goals

As outlined in the U.S. Department of Homeland Security and Department of Health and Human Services approved document "*Federal guidance to assist states in improving state-level pandemic influenza operating plans*" (Mar 2008), planning to combat pandemic influenza should address at least, the three strategic goals listed below. These goals will help provide an overarching framework for a coordinated response to an influenza pandemic.

A. Ensure Continuity of Operations of State Agencies and Continuity of State Government (COOP/COG).

1. Continuity of Operations (COOP) planning. State governments are "large employers" and as such need to consider how they will continue to function during a pandemic. Continuing critical services and lifelines that many Idahoans rely on for survival (e.g., Medicaid, safe food, public safety services, unemployment insurance, etc) is paramount. If State government fails to prepare themselves by developing, exercising, and improving COOP plans, then they will fail in their abilities to meet the other two strategic goals (i.e., protecting citizens and helping to maintain critical infrastructure). Taken in the aggregate, the ability of individual state departments/agencies and other branches of government to effectively conduct COOP contributes directly to and help ensures Continuity of Government (COG).

COOP is a critical portion of emergency planning. Continuity programs and operations are simply good business practices that ensure government functions and services will be available to Idaho's citizens under all conditions. In general, a COOP plan describes how an organization will continue to perform their essential functions when impacted by a major disaster or emergency. While development of a COOP plan may seem to be specific to a jurisdiction's emergency management agency, all governmental organizations should develop/maintain a COOP plan. The emergency management agency may provide assistance and direction, but all agencies must maintain the capability to continue their operations in an emergency.

In the past, traditional COOP planning has focused on how to respond to an emergency that impacts the physical elements that are needed to function, such as buildings and computer systems. With the current emphasis on pandemic influenza, that focus must expand to include additional human capital issues. The information below can be used to help develop a functional COOP plan or evaluate an existing plan.

2. Key elements of a viable COOP Plan. During a pandemic, government organizations are expected to ensure that their organization will be able to maintain its essential functions and services. "Pre-crisis" leadership may not remain intact, and your preparations should ensure that every designee in the order of succession is fully capable of exercising leadership responsibilities and conducting inter-sector coordination. For the State and local governments, the FEMA Continuity Guidance

Circular 1 (CGC 1), continuity guidance for non-federal entities, identifies 10 elements of a viable continuity capability as follows:

- a. Essential Functions - An agency's critical functions that must be continued throughout or resumed rapidly after a disruption of normal activities;
 - b. Delegations of Authority – Specification of those personnel authorized to make decisions or act on behalf of the department/agency head and other key officials for specific purposes during emergencies;
 - c. Orders of Succession - Provisions for the assumption of senior agency leadership positions during an emergency when the incumbents are unable or unavailable to execute their legal duties;
 - d. Continuity Facilities - Locations, other than the normal facility, used to carry out essential functions in a Continuity situation;
 - e. Continuity Communications - Communications that provide the capability to perform essential functions, in conjunction with other agencies and organizations, until normal operations can be resumed;
 - f. Vital records management - Electronic and hardcopy documents, references, and records needed to support essential functions during a Continuity situation;
 - g. Human capital - Guidance and direction for human capital management (pay, leave, benefits, etc.) and ensuring that the correct employees are activated and available during an emergency;
 - h. Test, training, and exercise - Measures to ensure that an agency's Continuity program is capable of supporting the continued execution of its essential functions throughout the duration of the Continuity situation;
 - i. Devolution of control and direction - The capability to transfer statutory authority and responsibility for essential functions from an agency's primary operating staff and facilities to other employees and facilities and to sustain that operational capability for an extended period; and
 - j. Reconstitution - The process by which agency personnel resume normal agency operations from the original or replacement primary operating facility.
3. Pandemic Influenza COOP Considerations. An influenza pandemic is different from a "typical" emergency event. In a "typical" event, physical systems are usually impacted. For example, during a hurricane, cell phone communications, electricity supply, and even the physical office building can be severely impacted. During a Pandemic event, though, people are impacted. Federal planning assumptions indicate that 40% of the workforce will be unavailable to work at any given time over a 2-3 month period (length of a pandemic wave; there may be 2-3 successive waves). Social distancing may be implemented meaning that large gatherings of people will be discouraged – this impacts the capability to operate in standard office environment or Emergency Operations Center settings. When planning for a pandemic, the following two considerations are added to the basic 10 COOP elements listed above:

- a. Lack of Human Capital. In the event of a pandemic, employers should anticipate and plan for a reduction of staff, estimated to be as much as 40%. Develop mitigation strategies to cross-train staff in performing essential functions; develop policies that will allow personnel to work from an alternate work location; and institute emergency hiring practices to rapidly fill vacancies.
 - b. Information Technology (IT). Most work environments revolve around computers. A standard IT computer security strategy is to prevent access to the computer network from outside the office. This adversely impacts the capability to use alternate work locations. Develop mitigation strategies to provide capabilities for selected personnel to participate in video teleconferences and enable employees to remotely access organization's computer networks (telecommuting). Each state agency Director has the authority to develop telework plans for their respective agency using the Statewide Telecommuting Policies released by the Idaho Governor's Office on 1 May 08, as guidance. This policy provides guidance to all state agencies and state government employees on the parameters for initiating an agreement to pursue telework as a means of meeting the agencies essential functions (*reference Statewide Telecommuting Policies, section III of Introduction above*).
4. The Bureau of Homeland Security (BHS) COOP Program. To help sustain a constitutional government and continue to provide critical services to Idaho's population, Governor's Executive Order 2006-10 directs each state agency to "Develop and maintain Continuity of Operations Plan (COOP) to (a) address how the agency will provide essential services to citizens during response and recovery, and (b) return the agency to normal operations. An electronic copy of the current COOP will be kept on file at the Bureau of Homeland Security".

The BHS has initiated a statewide COOP planning program to coordinate and assist in the maintenance of existing COOP plans and development of new COOP plans for all Idaho state agencies/departments that will allow for the continuation of the essential functions of state government departments or agencies during any incident or emergency that may disrupt typical, normal operations.

Significant to this program is the BHS COOP/COG web page: (http://www.bhs.idaho.gov/Pages/Preparedness/COOP_COG.aspx) which contains valuable information including a COOP Planning Manual and COOP Plan Template which are designed to lead planners through the COOP plan development process. Additionally, there are links to FEMA's Continuity Guidance Circular 1 (Continuity Guidance for Non-Federal Entities) and IDHW's Pan-Flu website and several other useful COOP sites.

B. Protect Citizens.

1. This reflects the role of the State government as a responder during an influenza pandemic. During a pandemic, the State government is conducting business as usual (and perhaps with more intensity) with functions such as disease surveillance and is altering the way the State conducts its business to delay the introduction, slow the spread, or lessen the severity of pandemic influenza. The Idaho Department of Health and Welfare (IDHW), in close partnership with Idaho's Public Health Districts (PHDs) will

address critical health care issues and effectively employing public health protective measures including, but not limited to:

- a. Increasing surveillance and laboratory capability.
 - b. Acquiring and distributing medical countermeasures.
 - c. Ensuring mass vaccination capability.
 - d. Providing healthcare (reviewing hospital surge capacity plans).
 - e. Coordinating the provision of mortuary services and victim identification during a mass fatality event.
2. In addition, IDHW will work closely with the PHDs to develop and/or provide guidance and recommendations for implementing community mitigation interventions such as:
- a. Community Containment measures to decrease the level and frequency of social contact among people in an attempt to slow the spread of the influenza pandemic. During a severe pandemic, these recommendations may include social distancing actions such as cancellations of large gatherings, closing of businesses, and travel restrictions.
 - b. Coordinating with the PHDs and Idaho State Department of Education to develop recommendations for appropriate student dismissal and school closure protocols to school districts and school superintendents if such measures are deemed necessary.
 - c. Developing and communicating consistent messaging to the general public including promoting the “Stay home if you’re sick” strategy in the private sector and ensuring understanding of “when certain red flags are present, call your healthcare provider and/or go to the hospital” caveat.

C. Sustain/Support 18 Sectors of Critical Infrastructure and Key Resource (CIKR) Sectors.

1. Business continuity planning is recognized internationally as a key method of providing for the continuous delivery of essential services and products during disruptions and is vital to the building of resilient infrastructure. All critical infrastructure sectors, and indeed all enterprises, large and small, public and private, including government institutions, should strive to maintain critical operations during an influenza pandemic.

In the United States, the private sector owns and operates an estimated eighty-five (85) percent of the country’s critical infrastructure. Therefore, sustaining the operations of critical infrastructure during a pandemic, as well as the operations of those businesses that support the nation’s CI/KR, will depend largely on each individual organization’s development and implementation of business continuity plans tailored to pandemic-related impacts, including potentially severe staffing shortages, supply-chain disruptions and the degradation of essential services.

2. The U.S. Government identifies 14 critical infrastructure sectors and 4 key resource sectors, 18 CI/KR sectors in all that are essential to U.S. security as well as to economic and social stability:

Critical Infrastructure	
Banking & Finance	Chemical & Hazardous Materials
Defense Industrial Base	Emergency Services
Energy	Food & Agriculture
Information Technology	National Monuments & Icons
Postal & Shipping	Public Health and Healthcare
Telecommunications	Transportation
Water	Critical Manufacturing
Key Resources	
Commercial Facilities	Dams
Government Facilities	Nuclear Power Plants

Table 1: CIKR Breakout

3. As part of the U.S. Government's pandemic preparedness strategy, the Department of Homeland Security (DHS) helps support the public and private CI/KR sectors in developing and implementing their essential pandemic contingency plans.

The "*Pandemic Influenza Preparedness, Response and Recovery Guide for Critical Infrastructure and Key Resources*" is available on-line at: http://www.ready.gov/business/downloads/pandemic_influenza.pdf and was developed to assist business owner-operators and their contingency planners with enhancing their pandemic planning. The primary purpose of this CI/KR guide is to encourage the U.S. private sector to act now. With this CI/KR guide, DHS has provided a comprehensive tool for the 18 CI/KR sectors in the United States, and for business and industry in general.

III. Risk and Emergency Communications

The Public Information and External Affairs annex (ID-ESF #15) of this Idaho Emergency Operations Plan is the primary mechanism for coordinating public information during a disaster or emergency. The ability to deliver a coordinated and effective public information campaign is one of our most effective mitigation tools to combat an influenza pandemic. Providing timely and accurate healthcare and life safety information to the general public can help to mitigate the negative impact of a pandemic and can aid in limiting the spread of the virus.

Messages to the public during a public health event are generally coordinated amongst the Idaho Department of Health and Welfare (IDHW) and the Public Health District (PHD) Public Information Officers (PIOs). During a severe influenza pandemic, this process will most likely broaden and encompass a larger scope of operations to include emergency management issues. Public information activities will be conducted jointly by the Bureau of Homeland Security (BHS), IDHW, and the PHDs with support from the Governor's office.

A. To provide the general public with the tools they need to make proper and informed decisions, public information activities may include:

1. Implementing an effective and widespread public information campaign;
2. Developing and distributing pandemic influenza preparedness information to all target audiences;
3. Informing the public of actions being taken in response to the pandemic;
4. Educating the public on personal and family protective measures and critical life safety actions they should take;
5. Promoting the use of hotlines and useful websites; and
6. Providing the locations and hours of operations of Points of Dispensing (PODs) for vaccination campaigns.

B. Joint Information Center (JIC). Response activities could warrant the activation of a JIC and/or activation of Public Information Emergency Response (PIER) Teams to ensure consistent, coordinated, and timely messages to the public. The purpose of a JIC is to coordinate the flow of information about the incident and related response issues amongst various agencies and to provide a single information source for the media, business community, and general public. The JIC is an element of the Idaho Emergency Operations Center where the overall statewide emergency response is coordinated.

Communication amongst partner agencies, the media, and to the general public must be timely and accurate and a JIC provides the best forum for this exchange of information and reduces conflicting information and rumors. PIOs assigned to the JIC are responsible for:

1. Setting up news briefings, interviews, and press conferences;
2. Writing and disseminating news releases to appropriate media outlets;
3. Posting information to appropriate websites;
4. Monitoring and analyzing TV, radio, web and newspaper disaster news coverage;
5. Preparing background information and fact sheets for the media and general public; and
6. Conducting rumor control and managing misinformation.

C. Public Information Hotlines. Hotline services can be utilized to handle the surge of questions and inquiries from both the public and the media as a result of a pandemic. The hotline services that are currently in-place at the federal, state and public health district levels include:

1. The Centers for Disease Control and Prevention (CDC) Public Response Hotline. All communication materials include contact information for both the English 1-800-CDC-INFO (1-800-232-4636) and Spanish (1-888-246-2857) versions of this hotline service.

2. The Idaho 2-1-1 CareLine, a program of the Idaho Department of Health and Welfare, is a free statewide community information and referral service accessible by dialing 211 or 1-800-926-2588.
3. Public Health Districts. The specific processes and procedures for setting up a hotline are contained in each of the PHD communication plans. Contact information:
 - a. Panhandle Health District 1 Hotline: 208-415-5299.
 - b. Idaho North Central District 2 Hotline: 208-748-0400 or 866-736-6632.
 - c. Southwest District Health 3 Hotline: 208-455-5300.
 - d. Central District Health 4 Hotline: 208-321-2222.
 - e. South Central Public Health District 5 Hotline: 1-866-450-3594.
 - f. Southeastern District Health Department 6: 208-234-5888.
 - g. Eastern Idaho Public Health District 7 Hotline: 208-533-3152.

V. FEMA Region-10 Pandemic Response

A. General. In order to provide timely Federal response resources to State partners, FEMA Region-10 will conduct sustained response operations utilizing three organizational tiers:

1. Minimally staffed *Operations Section Divisions* located in each state to be co-located with our respective State EOCs to provide liaison services between the state and the Regional Response Coordination Center (RRCC);
2. The *Federal Regional Area Command* housed at the Region-10 RRCC to serve as the operational hub for the Region's coordination of Federal resource support to the Region-10 States; and
3. The *Region-E JFO Command Group* composed of the Regions 9 and 10 (Region-E) Principal Federal Official (PFO), Federal Coordinating Officer (FCO), and the Senior Health Official (SHO).

B. The Region-E JFO Command Group will serve as the Unified Area Command for "Region-E". The primary missions of the Region-E JFO Command Group are to:

1. Oversee influenza pandemic response operations in FEMA/HHS Regions 9 and 10;
2. Conduct resource de-confliction and prioritization of resource delivery, if needed;
3. Serve as the primary conduit and point of contact for the Secretary of DHS and the Secretary of DHHS;
4. Serve as the primary conduit and point of contact to the National Operations Center (NOC); and

5. Serve as the “face” of the Federal government’s influenza pandemic response in the Region-E area to the media, Governors, U.S. Representatives/Senators, and other Federal, state, and local senior officials.

C. Co-located with the Region-E JFO Command Group will be the Federal Joint Information Center (JIC). Public Affairs/External Affairs representatives from all Federal agencies involved in pandemic response will be represented at the JIC. The primary mission of the JIC will be to coordinate with local, state, and other officials on the development of technically sound public safety messages and articulate these messages to media outlets and citizens in a succinct yet comprehensive manner.

VI. Concurrent Plans and Programs

A. Plans:

1. Idaho Department of Health and Welfare (IDHW), Public Health Preparedness and Response Plan (PHP&R): This plan establishes IDHW protocols and procedures to prepare for and respond to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies in Idaho. The IDHW PHP&R plan is comprised as follows:

a. Base Plan, which describes the structure and processes comprising a comprehensive, all-hazards, approach to public health incident management designed to integrate the efforts and resources of Federal, State, local, tribal, private-sector, and non-governmental organizations. The Base Plan includes the scope, legal authority, planning assumptions, roles and responsibilities, concept of operations, direction and control, and ongoing plan management. Appendices to the Base plan include organizational charts and glossary of abbreviations and acronyms. The Base Plan may be reproduced and distributed to the public.

b. Support Annexes, which provide detailed guidance and describe specific functional processes to address public health hazard or contingency situations. These support annexes contain "For Official Use Only" (FOUO) information and will not be reproduced or released to the public in accordance with Idaho Code §9-340[B]. The Support Annexes are described as follows:

1) Annex A – Emergency Support Functions (FOUO) identifies the primary responsibilities assigned to the IDHW as outlined in the Idaho Emergency Operations Plan. These include Idaho Emergency Support Function 6 (ID-ESF #6), Mass Care, Emergency Assistance, Housing, and Human Services and the Idaho Emergency Support Function 8 (ID-ESF #8), Public Health and Medical Services.

2) Annex B – Public Health Emergency Communications (FOUO) outlines the communication policies and procedures to be used by the IDHW staff during a public health emergency. The plan has been developed in accordance with guidance provided by the Centers for Disease Control and Prevention (CDC).

- 3) Annex C – Tactical Communications Systems (FOUO) describes the primary and redundant tactical communications systems in use, communications methods, frequencies, etc.
- 4) Annex D – Laboratories Integrated Response (FOUO) provides guidance in establishing procedures and assigning responsibilities for laboratory analysis that may be required as the result of an outbreak, epidemic, public health emergency, terrorist event, or the use of a weapon of mass destruction (WMD).
- 5) Annex E – Epidemiology Surveillance and Response (FOUO) describes the procedures and responsibilities at the state-level for detection and response to a major epidemic resulting from a naturally occurring disease outbreak or the release of a biological weapon. Appendices to this Annex include quarantine and isolation procedures, smallpox response guidelines, and influenza response guidelines.
- 6) Annex F – Point of Dispensing (POD) Operations (FOUO) describes the coordination, preparation, and response actions required to operate Points of Dispensing (POD) to provide mass vaccination or mass prophylaxis to the public in response to an outbreak, epidemic, public health emergency, terrorist event, or the use of a weapon of mass destruction (WMD).
- 7) Annex G – Strategic National Stockpile (SNS) (FOUO) establishes procedures and assigns responsibilities to prepare for, request, receive, distribute, and dispense the SNS pharmaceuticals and medical supplies in the state of Idaho.
- 8) Annex H – Regional Health Care System Surge Capacity (FOUO) identifies health care systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity. This includes identification of rural/urban/remote priorities for planning purposes, regional medical resources inventory, and procedures/protocols for increasing capacity.
- 9) Annex I (v.5) – Pandemic Influenza Response (FOUO) describes the procedures and responsibilities at the state-level for detection and response to a pandemic resulting from a naturally occurring novel influenza virus. Appendices to this Annex include risk communication assessment, IDHW emergency notification procedure, partner public information officers contact lists, communication staff assignments, resource locations, message development for emergency communications, translation services information, spokesperson tips, worksheets, checklists, contact lists, and media call reports. (*Note: This annex is currently under review and is being updated to reflect lessons learned during the 2009 H1N1 influenza pandemic. Estimated completion date; June 2010).
- 10) Annex J (v.5) - Mortuary Services Response (FOUO) describes and defines the roles and procedures to activate and manage a statewide Mass Fatality Mortuary Response Annex (MSRA) in Idaho. The Idaho Department of Health and Welfare (IDHW), Division of Health (DOH) will coordinate the provision of mortuary services and state resources that would be used to assist cities and counties in Idaho in the care and preparation of human remains following a major disaster and facilitate the surge in the processing of death certificates.

3. Idaho's Public Health Districts (PHDs) Public Health Preparedness and Response Plan (PHP&R): Each of Idaho's seven PHDs maintain a PHP&R plan that is coordinated with the *IDHW Public Health Preparedness and Response Plan*. These seven PHD PHP&R plans establish protocols and procedures at the local level to respond to bioterrorism, other infectious disease outbreaks, and other local public health threats and emergencies within their jurisdiction.

Idaho's PHDs are key IDHW partners for any public health emergency response. State and local PHP&R plans have been formatted to adopt an all-hazards approach in a single standardized format, consistent with the Idaho Emergency Operations Plan and the National Response Framework. This ensures plans are mutually supporting, reduces redundancy, eliminates disease specific plans, and streamlines Idaho's approach to emergency planning. Annex I (of IDHW and PHD plans) is the exception to this rule due to the unique aspects and far-reaching consequences of an influenza pandemic.

4. The Department of Health and Human Services (DHHS) HHS Pandemic Influenza Plan: This document serves as a blueprint for all HHS pandemic influenza preparedness planning and response activities. This plan updates the August 2004 draft HHS Pandemic Influenza Preparedness and Response Plan and features important additions and refinements. The Plan integrates changes made in the 2005 World Health Organization (WHO) classification of pandemic phases and expansion of international guidance and now is consistent with the National Response Framework. This plan can be accessed on-line at: <http://www.hhs.gov/nvpo/pandemicplan>.

5. The National Response Framework (NRF): The NRF (or Framework) is a guide to how the Nation conducts all-hazards response. It is built upon scalable, flexible, and adaptable coordinating structures to align key roles and responsibilities across the Nation. It describes specific authorities and best practices for managing incidents that range from the serious but purely local, to large-scale terrorist attacks or catastrophic natural disasters. Emergency Support Function (ESF) #8 – Public Health and Medical Services provides the mechanism for coordinated Federal assistance to supplement State, tribal, and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency such as a pandemic. The Framework can be accessed on-line at: <http://www.fema.gov/emergency/nrf>.

B. Programs:

1. Websites:

- a. www.panflu.idaho.gov maintained by the Idaho Department of Health and Welfare, provides pandemic influenza information for the state of Idaho and links to Federal and local Public Health District websites.
- b. www.bhs.idaho.gov maintained by the Idaho Bureau of Homeland Security, provides an instrument for conveying influenza pandemic information to citizens, government agencies and public and private entities. This website contains guidance, information on vaccination locations, updated reports/statistics, and links

to federal, state and local agencies who play a key role in an influenza pandemic response.

c. The U.S. Department of Health and Human Services (HHS) maintains several websites on influenza:

- www.PandemicFlu.gov contains information on influenza pandemic.
- www.Flu.gov contains information on seasonal and 2009 H1N1 influenza (swine flu).
- www.AvianFlu.gov contains information on H5N1 influenza (bird flu).
- www.WHO.int maintained by the World Health Organization (WHO) and contains international influenza pandemic information and H5N1.

d. The World Health Organization (WHO) maintains the www.WHO.int website which contains international influenza pandemic information and information on H5N1 (“bird flu”).

2. Pandemic Influenza Preparedness, Response and Recovery Guide for Critical Infrastructure and Key Resources: Maintained by the Department of Homeland Security, this guide has been developed for business owner-operators and their contingency planners to enhance pandemic planning. This guide assembles the primary government and pandemic influenza-specific background material, references, and contacts all in one place. It introduces an enhanced contingency planning process for a pandemic and provides business planners with numerous sector-specific and common pandemic influenza planning variables keyed to escalating disaster phases. This Guide will complement and enhance, not replace, extensive private sector contingency planning already in place. This guide can be accessed on-line at:

http://www.ready.gov/business/downloads/pandemic_influenza.pdf.

3. Continuity Guidance Circular 1 (CGC 1), Continuity Guidance for Non-Federal Entities: CGC-1 was issued by FEMA to provide direction for the development of continuity plans and programs for non-federal entities. This circular can be accessed on-line at: http://www.fema.gov/pdf/about/org/ncp/cont_guidance1.pdf.

4. Continuity Assistance Tool (CAT): The CAT was developed by FEMA as guidance for developing and a tool for evaluating a Continuity of Operations program. This tool can be accessed on-line at: <http://www.fema.gov/pdf/about/org/ncp/cat.pdf>.

RESPONSIBILITIES

I. General

While the Idaho Military Division, Bureau of Homeland Security (BHS) is responsible for the overall coordination of the state response to disaster and emergency situations in this state, the Idaho Department of Health and Welfare (IDHW) is the designated lead state agency responsible for preparedness and response to human diseases and other public health emergencies, including pandemic influenza. The IDHW works in close partnership with Idaho’s seven Public Health Districts and the BHS.

While this incident annex serves as a guide for general influenza pandemic intervention activities, during a specific pandemic event, the judgment of public health leadership, based on knowledge of the specific virus, may alter the strategies that have been outlined.

II. Primary Agency: Idaho Bureau of Homeland Security (BHS) will:

- A. Activate and staff the Idaho Emergency Operations Center (IDEOC) as needed to coordinate the States disaster response and recovery efforts;
- B. Activate all or parts of this Idaho Emergency Operations Plan as required to provide support to local, state, and regional efforts to mitigate the impacts of a pandemic;
- C. Maintain Critical Infrastructure and Key Resources (CIKR) systems (i.e. fuel, food, energy) and work closely with the private sector to implement contingency plans in the absence or failure of CIKR systems;
- D. Coordinate the provision of basic needs (food, laundry, medical care, heat/cooling, etc.) for those sheltered, homebound, and/or quarantined/isolated;
- E. Coordinate and/or initiate alert and notification procedures;
- F. Coordinate state response to requests for assistance from local jurisdictions;
- G. Maintain situational awareness of influenza pandemic event. Coordinate/support the facilitation of WebEOC® and establishment of web pages to help provide a common operating picture and facilitate the flow of disaster related information;
- H. Maintain communications with the Governor’s office, other state agencies and local jurisdictions regarding the status of response and recovery efforts; and
- I. Communicate and inform the public as coordinated through ID-ESF #15, Public Information and External Affairs annex.

III. Support Agencies:

Although specific State Departments and/or agencies are identified by name below, all agencies under purview of the Governor’s authority have a responsibility to posture their organizations in maintaining a level of readiness thus ensuring Continuity of Government (COG). In addition, these agencies may also be mission assigned to provide support to Idaho’s citizens during an influenza pandemic.

Agency	Function
Executive Office of the Governor	<ul style="list-style-type: none"> • Upon notification that a county is seeking state assistance, the Governor may proclaim a State of Disaster Emergency in accordance with Idaho Code (§46-1008; “The Governor and Disaster Emergencies”) and implement the Idaho Emergency Operations Plan. • Make monies available in accordance with Idaho Code (§46-

	<p>1005A; “Disaster Emergency Account”) or other funds to provide for basic recovery of essential services.</p> <ul style="list-style-type: none"> • Authorize state active duty status for use of Idaho National Guard personnel in accordance with Idaho Code (§46-601; “Authority of the Governor”), to provide lifesaving assistance and protection of property, if necessary. • Authorization of utilization and redirection of State government resources • Authorize requests for deployment of medical supplies and pharmaceuticals from the Federal Strategic National Stockpile.
<p>Idaho Military Division - Idaho National Guard</p>	<ul style="list-style-type: none"> • As coordinated through ID-ESF #16 Military Support: <ul style="list-style-type: none"> ➢ Provide logistical support and air/ground transportation of disaster relief supplies, personnel and equipment. ➢ Provide appropriate level of support for security operations. ➢ Provide space, as available, at Guard Armories and other facilities, to serve as resource staging areas. ➢ Assist BHS with procurement of needed equipment and supplies not available through State sources from commercial vendors or suppliers. • Provide critical information to the IDEOC as requested.
<p>Idaho Department of Health and Welfare</p>	<ul style="list-style-type: none"> • As coordinated through ID-ESF #8, Public Health and Medical Services: <ul style="list-style-type: none"> ➢ In partnership with Idaho’s Public Health Districts, coordinate the statewide public health and medical response to pandemic influenza. • Coordinate health care surge capacity planning. • Coordinate the request, receipt, breakdown, and distribution of the Strategic National Stockpile for Idaho as needed. • Coordinate and makes recommendations for disease surveillance and containment. • Conduct, in concert with PHDs, case and epidemiologic investigations of suspect novel influenza occurrences in Idaho. • Coordinate reporting of statewide surveillance data to the Centers for Disease Control and Prevention (CDC). • Coordinate the receipt and distribution of Federally-purchased vaccine to the Public Health Districts and other direct ship-to sites (hospitals, Community Health Centers). • Monitor influenza vaccine coverage and vaccine mortality data by county and PHD. • Assess the need for antiviral medications statewide, coordinate establishment of stockpiles, track usage, and report supplies and shortages to the U.S. Department of Health and Human Services (HHS). • Test circulating influenza viruses year-round and provide novel influenza identification through testing and typing at the Idaho

	<p>Bureau of Laboratories (IBL). Forward appropriate influenza samples to the CDC.</p> <ul style="list-style-type: none"> • Maintain a network of sentinel clinics and laboratories which regularly submit respiratory specimens to IBL. • Track influenza-associated deaths using the Idaho Electronic Death Registration System (Idaho EDR). • Coordinate public health risk communication messages. • Implement disease control measures necessary to protect the public's health, including but not limited to the issuance of orders for; isolation, quarantine, the administrations of vaccines and/or medications, medical evaluations, and specimen collection. • Work with the Idaho State Department of Education and the State Board of Education to develop and disseminate influenza pandemic guidance to Idaho School Districts. • Coordinate statewide vaccine data collection and report aggregate vaccine data to the CDC using the Countermeasure and Response Administration (CRA) web-based system. • Provide information to PHDs and healthcare providers as needed via the Idaho Health Alert Network (HAN). • Maintain the web-hosted statewide electronic Idaho Resource Tracking System to track real-time hospital bed and healthcare resource availability. • Maintain the Volunteer Idaho website (www.volunteeridaho.org) for tracking, credentialing, and mobilizing volunteer health professionals statewide. • Update and maintain the Idaho website for pandemic influenza information www.panflu.idaho.gov and provide links to Federal and PHD websites. • Coordinate the provision of mortuary services, temporary morgue facilities, victim identification (with Idaho State Police), and processing, preparation, and disposition of remains. • Assist in assessing mental health needs; provide disaster emergency mental health training materials for disaster emergency workers; and provide liaison with assessment, training, and program development activities undertaken by state and local mental health officials (Division of Behavioral Health). • Administer the Emergency Crisis Counseling Program for IDEOC. • Coordinate the Disaster Food Stamp Program to address food needs of Idahoans during an influenza pandemic. • Provide critical information to the IDEOC as requested.
<p>Idaho Public Health Districts</p>	<ul style="list-style-type: none"> • PHDs are responsible for implementation of pandemic influenza response activities within in their jurisdiction. • Implementation of mass vaccination clinics for administration of vaccine and antiviral medications, as appropriate, in coordination with local hospitals, nursing facilities, private

	<p>providers, and other partners.</p> <ul style="list-style-type: none"> • Coordination with tribal health organizations and special needs populations to ensure the delivery of medications, vaccine, and other health services to the people of Idaho. • Identification of community leaders to assist in disseminating emergency messages to specific populations. • Closure of schools and places of public assembly, when such closing is necessary to protect public health. • Implement disease control measures necessary to protect the public's health, including but not limited to the issuance of orders for: <ul style="list-style-type: none"> ➤ Isolation; ➤ Quarantine; ➤ The administrations of vaccines and/or medications; ➤ Medical evaluations; and ➤ Specimen collection. • Provide critical information to the IDEOC as requested.
<p>Idaho Department of Administration</p>	<ul style="list-style-type: none"> • Assist with the development or updating of policies to address possible shortfalls in the number of state personnel available to work (i.e., due to illness, to care for family members, concerns about personal and/or family health, etc.). • Coordinate the use of state facilities and property for use as staging areas, headquarters facilities and service delivery locations. • Provide critical information to the IDEOC as requested.
<p>Idaho Department of Environmental Quality</p>	<ul style="list-style-type: none"> • Provide toxicological expertise and risk communication expertise in support of health risk communication about chemicals or other health risks. • Provide technical advice regarding disinfection and decontamination. • When destruction of livestock or domesticated or exotic animals becomes necessary, provide technical assistance to Idaho State Dept of Agriculture (ISDA) to ensure that disposal site is safe to the environment. • Assess (with the Public Health Districts) potable water and wastewater/solid waste disposal issues; conduct field investigations, including collection of laboratory analysis of relevant samples; coordinate the provision of water purification and wastewater/solid waste disposal equipment and supplies; and provide technical assistance and consultation on potable water and wastewater/solid waste disposal issues. • Provide critical information to the IDEOC as requested.

<p>Idaho Transportation Department</p>	<ul style="list-style-type: none"> • As coordinated through ID-ESF #1, Transportation: <ul style="list-style-type: none"> ➢ Provide personnel and equipment for the transportation of Strategic National Stockpile medical supplies and medications from the state Receive, Stage, and Store facility to the Public Health Districts in the event that primary transportation plans are inadequate or unavailable. ➢ Provide personnel and equipment for the transportation or relocation of needed resources (supplies/equipment). ➢ Use changeable message signage (CMS) capabilities to convey key information to those using the state’s highways, as directed by the Governor or BHS. ➢ Identify and implement detour or bypass routing, as needed. ➢ Coordinate traffic control with the Idaho State Police (ISP) and/or local law enforcement and local highway jurisdictions. ➢ Provide backup statewide emergency communications system, as needed. • Provide critical information to the IDEOC as requested.
<p>Idaho Transportation Department - Division of Aeronautics</p>	<ul style="list-style-type: none"> • As coordinated through ID-ESF #1, Transportation: <ul style="list-style-type: none"> ➢ Provide aircraft and pilots to move personnel, supplies and equipment into a disaster area, identify all aviation assets already committed to the response. ➢ Arrange for space, as requested, at aviation facilities to serve as equipment and supplies staging areas.
<p>Idaho Department of Commerce</p>	<ul style="list-style-type: none"> • Provide information on the demographics and infrastructure of the municipalities in the affected areas for use in forecasting the economic impact. • Assist with the coordination and communication with private sector organizations to assist with maintaining Critical Infrastructure and Key Resources (CIKR), disaster relief operations, and/or public information campaigns (i.e., use of chambers of commerce email lists). • Provide critical information to the IDEOC as requested.
<p>Idaho Department of Labor</p>	<ul style="list-style-type: none"> • Provide oversight of state government response operations to ensure compliance with OSHA regulations and other applicable worker safety requirements. • Provide assistance to the Department of Administration regarding human resource issues (i.e., leave of absence laws, sick pay laws, etc). • Provide critical information to the IDEOC as requested.

<p>Idaho State Department of Agriculture</p>	<ul style="list-style-type: none"> • As coordinated through ID-ESF #11, Agriculture and Food: <ul style="list-style-type: none"> ➢ Develop plans for surveillance, laboratory testing, and response regarding influenza illness in poultry and other potentially at-risk livestock, domesticated or exotic animals that may represent a threat to human health and the animal population. ➢ Develop a communication protocol for early notification of the Idaho Dept of Health and Welfare (IDHW) and Idaho Fish and Game (IDFG) Director of any unusual zoonoses that may represent a threat to humans (IDHW) or wildlife (IDFG). ➢ Oversee and/or implement destruction and safe disposal of livestock, domesticated or exotic animals that may be required to protect human health and the animal population. Coordinate through USDA to ensure compensation of animal owners, as required. • Provide critical information to the IDEOC as requested.
<p>Idaho State Police</p>	<ul style="list-style-type: none"> • As coordinated through ID-ESF #13, Public Safety and Security: <ul style="list-style-type: none"> ➢ Assist local law enforcement in providing personnel and equipment to preserve law and order, protect life and property, and protection of citizens of the State of Idaho. ➢ Provide/and or coordinate traffic control and expedited routing for supply missions or personnel movements. ➢ Provide and coordinate security (in conjunction with the U.S. Marshal Service) for the receipt and distribution of Federal assets from the Strategic National Stockpile (SNS) at the state Receive, Stage, and Store (RSS) facility to the Public Health Districts. ➢ Assess security (in conjunction with the U.S. Marshal Service) at the primary and backup state RSS facilities and provide those security assessments to the IDHW SNS Coordinator, as needed. • Provide critical information to the IDEOC as requested.
<p>Idaho Department of Fish and Game</p>	<ul style="list-style-type: none"> • Develop a communication protocol for early notification of the Idaho Dept of Health and Welfare (IDHW) and Idaho State Dept of Agriculture (ISDA) Director of any unusual zoonoses that may represent a threat to humans (IDHW) or agriculture (ISDA). • Develop plans for surveillance, laboratory testing, and response regarding influenza illness in animals in the wild that may represent a threat to human health; include procedures for the safe handling of wild birds with special attention given to avian influenza. • Coordinate and conduct surveillance of avian influenza in wild bird populations. • Provide auxiliary police assistance to assist with traffic control, evacuation, and other police related duties as requested and

	<p>coordinated through ID-ESF #13.</p> <ul style="list-style-type: none"> • Provide critical information to the IDEOC as requested.
Idaho Office of the Attorney General	<ul style="list-style-type: none"> • Provide legal support and representation to state agencies and state employees on matters related to disease containment, isolation and quarantine, and in seeking related court orders. • Provide legal support and representation on issues pertaining to insurance, workers compensation, volunteer liability laws, other liability concerns, and compensation issues for state government employees. • When feasible and warranted, provide legal opinions and other support to local jurisdictions/state's attorney's county governments. • Provide critical information to the IDEOC as requested.
Idaho State Department of Education	<ul style="list-style-type: none"> • Provide for the welfare of student populations during an influenza pandemic. • Disseminate informational and action-required messages to K-12 schools; obtain absentee information from these institutions. • Provide assistance in coordinating with Public Health Districts for mass vaccination operations (i.e., K-12 school facilities, staffing, etc) as requested by ID-ESF #8. • Provide assistance with identifying and/or locating available resources of food and distribution facilities as needed.
Idaho State Board of Education	<ul style="list-style-type: none"> • Provide for the welfare of student populations during a pandemic. • Disseminate informational and action-required messages to Idaho Public Universities, Community Colleges, and Independent Universities; obtain absentee information from these institutions. • Obtain state university laboratory personnel and/or services to support IDHW Bureau of Laboratories and/or ISDA laboratories. • Obtain the services of research, veterinary, and other specially trained personnel to assist with disease surveillance, prevention, and control activities, if requested by IDHW or ISDA. • Provide assistance in coordinating with Public Health Districts for mass vaccination operations (i.e., university facilities, staffing, etc) as requested by ID-ESF #8.
Idaho Commission on Aging	<ul style="list-style-type: none"> • Disseminate informational and action-required messages, through Area Agencies on Aging, to senior centers. • Provide assistance in coordinating with senior centers for mass vaccination operations (i.e., facilities, staffing) as requested by ID-ESF #8.

<p>Idaho Division of Veteran Services</p>	<ul style="list-style-type: none"> • Disseminate informational and action-required messages to Idaho’s veteran’s homes; obtain information about unmet needs at these facilities. • Provide assistance in coordinating with Public Health Districts for mass vaccination operations (i.e., facilities, staffing) as requested by ID-ESF #8.
<p>Idaho Council for the Deaf and Hard of Hearing</p>	<ul style="list-style-type: none"> • Identify, and ensure dissemination of informational and action required messages to, vulnerable deaf and hard of hearing populations in Idaho; obtain information about unmet needs of these populations; identify interpreters for use in key response roles and facilities, such as vaccination and dispensing clinics.
<p>All Other State Departments/Agencies</p>	<ul style="list-style-type: none"> • Provide additional support as requested and coordinated by the Idaho Emergency Operations Center. The level of involvement will vary based on the scope/impact of the pandemic.
<p>Non-Governmental - Idaho Voluntary Organizations Active in Disaster (IDAVOAD)</p>	<ul style="list-style-type: none"> • As coordinated through ID-ESF #6, Mass Care, Emergency Assistance, Housing, and Human Services: <ul style="list-style-type: none"> ➢ Identify shelter and mass care locations that have been established and determine the capacity of such shelters to shelter and care for displaced residents. ➢ Assist with the identification of facilities for use by the medical community to provide mass care for ill patients. ➢ Provide basic needs supplies (food, basic first aid, etc.) to areas where people are sheltered, homebound, and/or quarantined/isolated. ➢ Supports the management and coordination of sheltering, feeding, supplemental disaster health services, bulk distribution of emergency relief items, and Disaster Welfare Inquiry services to the disaster affected population. ➢ Coordinate, in accordance with its agreements with other organizations, the provision of relief efforts by all voluntary agencies actively engaged in providing assistance to disaster victims.
<p>Federal</p>	<p>Areas of responsibility include:</p> <ul style="list-style-type: none"> • Coordinate the U.S. Government’s response to the public health and medical requirements of an influenza pandemic; • Conducting surveillance activities in the U.S. and globally. • Conducting epidemiological investigation in the U.S. and globally.

	<ul style="list-style-type: none">• Development and use of diagnostic laboratory tests and reagents.• Development of reference strains and reagents for vaccines.• Vaccine evaluation and licensure.• Determination of populations at highest risk and strategies for vaccination and antiviral use.• Assessment of measures to decrease transmission (such as travel restrictions, isolation, and quarantine).• Deployment of Federally purchased vaccine, antiviral medications, and other resources available in the Strategic National Stockpile (SNS).• Evaluation of the efficacy of response measures.• Evaluation of vaccine and antiviral safety.• Deploying the Commissioned Corps Readiness Force and Epidemic Intelligence Service (EIS) officers; and• Development of medical and public health communications.• Development of medical guidance and recommendations.• Development of community mitigation guidance and recommendations.• Development of guidance and recommendations for target populations and priority groups for allocation of limited supplies of vaccine and antiviral medications.
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