

NOTE: The WVEOP, Pandemic Flu Annex remains a working draft. It is subject to adjustment to the actual pandemic that evolves and subject to adaptations from advancements in science, lessons learned from exercises and experience, and continued input of partners.

<b>Annex:</b>	
<b>Title:</b>	Pandemic Influenza
<b>Related Federal ESFs:</b>	<p>ESF 1 Transportation          ESF 3 Public Works and Engineering          ESF 6 Mass Care          ESF 8 Health and Medical          ESF 13 Public Safety and Security          ESF 14 Long-Term Community Recovery          The Federal Civil Defense Act of 1950, Public Law 81-920, as amended.          The Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended.          “Emergency Management and Assistance,” Code of Federal Regulations, Title 44.</p>
<b>Purpose:</b>	To establish specific policies and procedures for responding to and recovering from a pandemic influenza event, in order to mitigate the effects, maintain critical infrastructure, and ensure a coordinated response for both the public and private sector.
<b>West Virginia Code:</b>	<p>WVC Chapter 6, Article 12          WVC Chapter 9, Article 1          WVC Chapter 15, Article 5          WVC Chapter 16          WVC Chapter 27 Article 1A          WVC Chapter 29B          Code of State Rules 64CSR7</p>
<b>Primary Agency:</b>	West Virginia Department of Health and Human Resources
<b>Support Agencies:</b>	<ul style="list-style-type: none"> <li>▪ American Red Cross</li> <li>▪ Civil Air Patrol</li> <li>▪ West Virginia Attorney General</li> <li>▪ West Virginia Board of Pharmacy</li> <li>▪ West Virginia Board of Medicine</li> <li>▪ West Virginia Board of Registered Nurses</li> <li>▪ West Virginia Board of Licensed Practical Nurses</li> <li>▪ West Virginia Colleges and Universities</li> <li>▪ West Virginia Council of Churches</li> <li>▪ West Virginia Department of Administration</li> </ul>

	<ul style="list-style-type: none"> <li>▪ West Virginia Department of Agriculture</li> <li>▪ West Virginia Department of Commerce <ul style="list-style-type: none"> <li>• Division of Labor</li> </ul> </li> <li>▪ West Virginia Department of Education</li> <li>▪ West Virginia Department of Natural Resources</li> <li>▪ West Virginia Department of Transportation <ul style="list-style-type: none"> <li>• Division of Highways</li> </ul> </li> <li>▪ West Virginia Department of Military Affairs and Public Safety <ul style="list-style-type: none"> <li>• Division of Homeland Security and Emergency Management</li> <li>• West Virginia National Guard</li> <li>• State Police</li> <li>• State Fire Marshal</li> </ul> </li> <li>▪ West Virginia Hospital Association</li> <li>▪ West Virginia Poison Center</li> <li>▪ West Virginia Public Service Commission</li> </ul>
<p><b>References:</b></p>	<ul style="list-style-type: none"> <li>▪ National Response Plan, U.S. Department of Homeland Security</li> <li>▪ National Strategy for Pandemic Influenza – Implementation Plan, Homeland Security Council, May 2006</li> <li>▪ HHS Pandemic Influenza Plan, U.S. Department of Health and Human Resources, November 2005</li> <li>▪ “Guide for All-Hazards Emergency Operations Planning – SLG 101,” Federal Emergency Management Agency, September, 1996.</li> <li>▪ West Virginia State Emergency Operations Plan</li> <li>▪ West Virginia Department of Health and Human Resources, Public Health Threat Response Plan</li> </ul>

**SITUATION**

Given the common occurrence of influenza viruses and their ability to constantly evolve, the potential for a pandemic virus to arise is great. For an influenza virus to cause a pandemic it must be a novel virus for which there is little existing human immunity, cause severe disease in humans, and be able to spread from person to person. The World Health Organization has defined six pandemic phases to guide federal, state, and local preparedness and response activities. The phases are as follows:

**Table 1: World Health Organization Pandemic Influenza Phases**

<u>Interpandemic Period</u>	
Phase 1	No new influenza subtypes in humans but may be present in animals. Risk of human infection is considered low.
Phase 2	No new influenza subtypes in humans and present in animals. Animal

	subtypes pose a substantial risk to humans.
<b>Pandemic Alert Period</b>	
Phase 3	Human infections with influenza subtype, but not spread from human-to-human except in rare situations with close contact.
Phase 4	Limited human-to-human transmission suggesting virus is not well adapted to humans.
Phase 5	Larger clusters of human-to-human spread suggesting that the virus is becoming increasingly better adapted to humans. Risk for pandemic is substantial.
<b>Pandemic Period</b>	
Phase 6	Increased and sustained transmission in human population.

Applying DHHS estimates for the U.S. to the WV population, the following estimates of disease and death can be used for planning purposes in WV. These are extrapolated from past pandemics and do not include the impact of interventions not previously available.

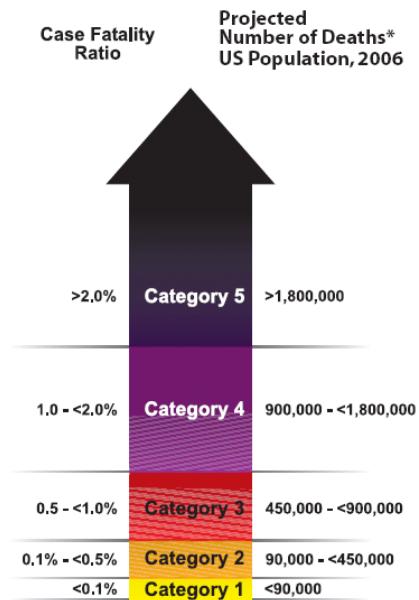
Characteristic	Moderate (1958/68-like)	Severe (1918-like)
Illness	540,000 (30% of pop)	540,000 (30% of pop)
Outpatient medical care	270,000 (50% of ill)	270,000 (50% of ill)
Hospitalization	5,314 (~2% of patients)	60,813 (~23% of patients)
ICU care	791 (<1% of patients)	9,123 (~3% of patients)
Mechanical ventilation	399 (50% of ICU patients)	4,558 (50% of ICU patients)
Deaths	1,284 (< 1% of ill)	11,690 (~2% of ill)

**Table 2: Estimated West Virginia Episodes of Illness, Healthcare Utilization, and Death Associated with Moderate and Severe Pandemic Influenza Scenarios<sup>^</sup>**

<sup>^</sup> Based upon DHHS U.S. estimates applied to West Virginia population numbers.

Influenza pandemics are often characterized by multiple waves or outbreaks that can last up to three months each. Pandemics can be graded using the federal pandemic severity index shown in Figure 1:

Moderate to severe pandemics may lead to widespread absenteeism of up to 40% during peak weeks of a pandemic wave and seriously impact government, business and other critical infrastructure operations. This would also limit additional resource support at the local, state, and national levels. Should West Virginia become affected by pandemic influenza, significant harm to human health and the economy could occur and the healthcare system will quickly be overwhelmed causing a potential decrease in standards of care. Additionally, appropriate and



**Figure 1: Pandemic Severity Index<sup>1</sup>**

effective antivirals, vaccines, and other resources may not be available in sufficient quantities leading to the need to prioritize use. This prioritized use will be built upon federally developed recommendations that are reasoned, publicly understood and acceptable principles. Clear and transparent communication of allocation methodologies and rationale will be critical.

## **ASSUMPTIONS**

- 1) Response operations must be scalable and flexible given variation in pandemic severity.
- 2) Ultimately, all response operations begin as a local responsibility and require advanced planning. State level roles in response include providing guidance, addressing state level issues, supporting local response and coordinating efforts across jurisdictions. This too requires advance planning.
- 3) A total response period could be one to two years in length, with waves of disease lasting up to 3 months during this period.
- 4) Advanced planning can save lives and prevent substantial economic loss.
- 5) Many geographic areas within West Virginia and neighboring jurisdictions may be affected simultaneously, or in close sequence.
- 6) Susceptibility to pandemic influenza will be universal, impacting the response and healthcare community at the same rate as the general population.
- 7) Absenteeism rates may be as high as 40% during peak weeks of a pandemic.
- 8) Operational capabilities / capacities of critical infrastructure (utilities, transportation, etc.) will be diminished.
- 9) Federal assistance will be limited as their resources will also be impacted. Assistance from other states will also be limited due to the same.
- 10) The Federal government will make every effort to ensure the availability of the State's National Guard for state use. However, National Guard forces and assets may be called to federal duty in the event of a catastrophic pandemic. West Virginia National Guard Armories may not be available to others due to use as staging / support areas.
- 11) Approximately 45% of the total West Virginia National Guard personnel may not be available due to a variety of reasons. An additional 40% of National Guard medical professionals may not be available for duty due to their civilian medical employment status.
- 12) Persons who will become ill may shed virus and can transmit infection for up to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first two days of the illness.
- 13) Children, if ill, are likely to pose the greatest risk of transmission due to poor hygienic practices.
- 14) The healthcare system will be quickly overwhelmed and standards of care may be altered or diminished, though every effort will be made to ensure quality of care to the greatest extent possible.
- 15) Healthcare resources such as antivirals, vaccine, ventilators, and hospital beds will be in short supply leading to the need to prioritize and allocate these resources. To the extent possible, priorities will be based on clearly articulated purposes and defined ethical principles and must be clearly communicated. It is recognized, however, that not all citizens will perceive them as such.

- 16) Influenza virus is primarily spread via respiratory droplet transmission. Methods that minimize close person to person contact (cancellation of large gatherings, dismissal of students from school, modification of worksite practices, voluntary isolation and quarantine, etc.) may significantly slow the spread of disease and reduce illness and death. These are termed non-pharmaceutical interventions.
- 17) The early implementation of, and use of a combination of, such non pharmaceutical interventions will decrease the severity and impact, making the pandemic more manageable for the health care system and community infrastructure in a moderate or severe pandemic. This will likely be the case even if such interventions potentially extend pandemic duration and have secondary economic and societal impacts. Trade offs must be weighed based on pandemic severity.
- 18) The influenza virus is primarily spread via respiratory droplet transmission. Methods that minimize close person to person contact (cancellation of large gatherings, dismissal of students from school, modification of worksite practices, etc.) may significantly slow the spread of disease.
- 19) Geographic quarantine is unlikely to be of significant benefit once a pandemic is established. Isolation of ill individuals (home or facility based) and self quarantine of contacts (most commonly home based) will be of most benefit. These can be effective measures even if 100% compliance is not achieved. The majority of isolation and quarantine can be done on a voluntary basis; however legal authority to enforce these measures is in place.
- 20) Development and production of effective vaccines will require several months after identification of the pandemic virus.
- 21) Individuals that recover from the pandemic virus, with or without treatment, will likely have a significant degree of immunity and can serve key positions for response.
- 22) The state of West Virginia will not be able to fully fund response operations resulting from an influenza pandemic continuing over an extended period. Local, private sector and federal assistance will be needed.
- 23) Economic losses will be suffered by individuals, businesses, communities, the state, and nationally.
- 24) Consistency of approach across jurisdictions, to the extent possible, will result in a better coordinated response, less public disruption, and an equitable distribution of assets.
- 25) Dissemination of timely and accurate information about the pandemic is one of the most important facets of pandemic preparedness and response.
- 26) Certain federal agencies are assumed to be able to continue operations, though potentially at reduced levels due to personnel shortages. This includes, for example, critical waterway infrastructure operated by the United States Army Corps of Engineers and secured by the United States Coast Guard.
- 27) Federal action to adapt applicable federal policies, program requirements and funding sources will be undertaken in a timely fashion and will be communicated clearly.

## **CONCEPT OF OPERATIONS**

- 1) Command and Control

- a) Response to pandemic influenza will be led by the West Virginia Department of Health and Human Resources within the State Emergency Management System. WVDHHR, through the Bureau for Public Health, is primarily responsible for the health and medical aspects of an influenza pandemic and for guiding state efforts at sustaining the health of its citizens. WVDHHR through the State Health Officer (in consultation with the State Epidemiologist, State EMS Medical Director, and the Director of the Division of Threat Preparedness) will direct the level and nature of response (e.g., community mitigation measures) based on the situation in the United States and West Virginia. Disease control recommendations made to the State Health Officer will include, wherever possible and appropriate, input from both the Clinical Advisory Committee and the Infection Control Advisory Committee of the Infectious Disease Epi Program, WVBPH.
  - b) The WV Department of Military Affairs and Public Safety, through the Division of Homeland Security and Emergency Management is responsible for coordination of all state level agencies and partners in their functions supporting health and medical response. They are also the lead agency for coordinating all entities in sustaining community infrastructure and maintaining continuity of government. Please refer to the State Emergency Operation Plan for additional information regarding command, control, communications, resource requests, agency roles and responsibilities, and mission tasking through the State Emergency Operations Center.
  - c) Response within communities is in accordance with local jurisdictions' emergency operations plans and their associated pandemic influenza annexes. It is the responsibility of county executives to assure such plans are in place, operational, and coordinated with those of the state and neighboring jurisdictions, including cross state border jurisdictions. Development of local jurisdictional emergency operations plans and pandemic flu annexes is most commonly overseen by local emergency management agencies in conjunction with local health departments. Plans are typically developed working with Local Emergency Planning Councils and/or Local Pandemic Flu Planning Committees.
  - d) In accordance with the WV Emergency Operations Plan, most response activities initiate in local jurisdictions. The state is responsible for providing guidance, addressing state level issues to sustain operations and support response, coordinating efforts across jurisdictions, and assisting localities in obtaining resources and support when local resources are exhausted or projected to soon be depleted.
  - e) The State Health Officer will have primary authority for declaring the arrival or likely arrival of pandemic influenza in West Virginia and for activating the pandemic influenza plan.
- 2) Coordination and Decision making around implementation of Community Mitigation Strategies
    - a) It is recognized that implementation of community mitigation strategies have wide social and economic impact on broader community infrastructure and societal functioning. Similarly, it is recognized that activities required to sustain community infrastructure

must be undertaken in ways that maintain, and to the greatest extent possible, protect health.

- b) Decisions related to and activities for implementation of community mitigation strategies, that require significant cross sector coordination and / or having significant secondary effects, will be coordinated through the State's Unified Command Structure. This will be undertaken as applicable to the stage of the pandemic and the issues at hand. For an influenza pandemic, membership will include the following, flexing to the issue being considered:
  - i) State Health Officer or designee (lead),
  - ii) Secretary of the Department of Military Affairs and Public Safety (or designee),
  - iii) Director of the Division of Homeland Security and Emergency Management
  - iv) Superintendent of Schools (or designee),
  - v) Secretary of the Department of Commerce (or designee) and
  - vi) State Police Superintendent (or designee)
  - vii) Secretary of the Department of Administration (or designee).
  - viii) State EMS Medical Director

Staff support for the team may include subject matter experts in the areas of: legal (Governor's Office), Public Information, epidemiology , and ethics.

### 3) Ethical Principles Guiding Pandemic Preparedness and Response

Pandemic preparedness and response requires that ethical decisions be made. This is especially the case around issues where needs exceed available resources and where individuals either accept restrictions on individual rights or place themselves at risk on behalf of society. Ethical principles related to pandemic response can be divided into the categories listed below. Core principles applicable to pandemic influenza are outlined under each category. It is recognized that many of these principles intersect and overlap.

#### a) General Ethical Considerations

- i) *Decision making must be transparent and openly communicated:* To the extent possible and feasible, plans should be made public, public comment encouraged, and decision making transparent. Rationale should be readily understandable to the public.
- ii) *Actions are taken for the common good of society:* This principle focuses on the rights of and duties toward society as a whole. Protecting individual rights is important, but must be balanced with, and may be exceeded by the common good of society.
- iii) *Preserve society's critical infrastructure and minimize social disruption:* This recognizes that there are certain general conditions that benefit all—access to food, clean water, electricity, medical care, etc.

#### b) Protection of Individual Rights

- i) *Individual rights should be protected to the extent possible:* Individual rights are a core component of our societal culture. They should be waived only when the common good of society outweighs those of the individual.
  - ii) *Proportionality:* Actions should be commensurate to achievable objectives and only as restrictive as necessary. If restrictions are not producing desired public health outcome, then they should be quickly reexamined and modified.
  - iii) *Restrictions on personal freedom and community gathering should be ethically justified:* Rationale behind such decisions should be clearly explainable and based on science to the extent such information is currently available. It is recognized that there are circumstances where scientific data is not present or reasonably available and decisions must be made using best judgment.
  - iv) *Essential needs of those restricted on behalf of society should be met:* It is important to plan for and assure the basic needs of those who have had usual individual freedoms limited for the good of society are met, if they are unable to do so for themselves.
- c) Triage (situations where needs exceed available resources)
- i) *Implementation of prioritization plans must be practical, workable, and efficient in allocating scarce resources where they will do the most good:* Prioritization should be based on a rational and understandable plan that is respectful of all people. Such plans and their rationale should be clearly articulated. Decisions made on perceived societal worth are not morally acceptable. Prioritization may be based on clear objectives to save the most lives / reduce the burden of severe disease and to maintain societal infrastructure. Other acceptable considerations include, but are not limited to, an individual or group's level of risk, the probability of successful treatment, or the availability of alternative protection measures.
  - ii) *Healthcare workers and essential workers are a priority:* This is based on the principle of maintaining societal functioning and saving the most lives. It is also based on the principle of reciprocity, recognizing that healthcare workers providing direct patient care, in particular, place themselves at higher risk than others in a pandemic for societal benefit.
- d) Duty to Care and Responder Protection
- i) *Healthcare workers have a duty to care for victims of a pandemic:* Most health professional organizations have policies recognizing the duty to care, even at risk of harm to practitioners and their families.
  - ii) *Healthcare workers and facilities must provide care that benefits their patients:* Practitioners should not, without compelling reason, attempt to provide treatment for which they are not qualified; hospitals should not allow regulations on licensing and/or supervision to be waived if not absolutely needed; practitioners should be allowed to operate outside their scope of practice only temporarily, and only when necessary for the common good.
  - iii) *There is a duty to protect the safety and future security of essential response workers putting themselves at risk:* This is based both on the principles of utility and reciprocity. Healthcare workers are more likely to accept risk to themselves if



significant efforts to protect their safety, financial future, and that of their families are made. Employers and governmental bodies have a responsibility to do so.

The above guiding principles should be used by all in further developing or operationalizing this plan. It is recognized and noted that not every principle is relevant to each decision.

#### 4) Operations Centers

There will be multiple Operations Centers activated during a response to an Influenza Pandemic. These operations centers will be activated based on the phase of the operation and scope of the response needed. The following table describes the various levels of operations centers and the various roles these may take during an influenza pandemic response.

Level	Name	Established By	Function(s)
State	West Virginia State Emergency Operations Center	WV Division of Homeland Security and Emergency Management	Response Coordination and Resource Management
	West Virginia Health Emergency Operations Center	WV Bureau for Public Health	Coordination of Health and Medical Response and Reporting
	West Virginia Joint Information Center	Multiple Agencies	Public Information and Risk Communications
Regional	Regional Medical Command EOC's	WV Emergency Medical Service Medical Commands	Coordinate patient flow within regions; coordinate medical resource tracking within region; Assist with information flow from regions to state and from state back to and among facilities.
Local	Local Emergency Operations Center	Local Emergency Management Officials	Response Coordination and Resource Management
	Local Health Emergency Operations Center	Local Health Department	Coordination of Local Public Health Response and Reporting

#### 5) Field Operations

The structures listed above may also be augmented by satellite operational centers established to address the needs of a particular area or to provide specific and limited support to local jurisdictions. Any such satellite operational center will be developed and organized on an ad hoc basis with very specific roles and responsibilities for those personnel assigned to the center. Some examples of how an ad hoc field operations center may be employed include: remote testing locations to supplement other state facilities; state satellite operations centers responsible for specific resource management support to a limited area; enhanced disease surveillance; and others.

#### 6) Notification

The decision to activate any of these structures at the state level will be made in a coordinated manner between public health officials and emergency management officials. The agency responsible for establishing a specific type of operational center is also responsible for communication of this decision to all appropriate agencies. In addition, they are responsible for providing information on the effective date and time of activation as well as projections on the duration of activation.

## 7) Key Activities by Pandemic Flu Period

This section outlines critical pandemic influenza preparedness and response activities as well as key concepts of how they will be operationalized. They are outlined by pandemic flu phase. Specifics of activity implementation are found within agency plans, protocols, and policies developed specifically for, or applicable to, an influenza pandemic. Applicable information may also be found within the state all hazard Emergency Operations Plan. Agencies are responsible for assuring such plans, protocols, and policies are developed and maintained, in accordance with their roles and responsibilities outlined in the Task Assignments Section of this Plan as well as assuring staff are trained in their task assignment implementation.

### a) Interpandemic Period

(WHO Phase 0 – 4). The Inter-Pandemic Phase is the primary preparedness and planning period for a pandemic outbreak. For West Virginia, this phase encompasses World Health Organization (WHO) phase 1 through at least WHO phase 4 (US Government Phases 0 and 1). During this phase, there is no confirmed, sustained human to human transmission in the world. Animal to human transmission may be occurring in parts of the world and is being monitored by the World Health Organization and Centers for Disease Control and Prevention. Limited person to person spread may be occurring. In the United States, federal agencies are coordinating support to states for preparedness and making federal preparations. In West Virginia, plans are being developed, capabilities to implement plans advanced, and plans tested, adapted and/or maintained. In addition parties are working to coordinate preparedness and response partners across jurisdictions and sectors.

#### Critical Activities:

- i) All Departments and agencies are to develop and maintain continuity of operations (COOP) plans. If they do not have COOP plans, then at a minimum, orders of succession and delegations of authority should be identified, and mission essential functions should be clarified and prioritized. All of this should be documented and clearly communicated to all employees. Cross-training and Just-In-Time training programs are to be developed to help ensure sustaining of mission essential functions when absenteeism rates are high. Planning should also include the development of SOP's, exploration of alternate supply chains, and risk assessments for employee's exposure to influenza. Mitigation strategies for those found to be at risk and staff training on worker safety should be undertaken. (all)

- ii) During this period, all entities within the private and public sectors such as, but not limited to, government agencies and divisions, businesses, schools and universities, hospitals, long term care facilities, and local communities are to develop and maintain operational response plans and procedures for performing their roles in a pandemic flu event. (all)
- iii) Develop and implement public education and outreach programs on infection control practices, such as proper hand washing techniques and cough etiquette (public health).
- iv) Develop, review, and update risk communication plans and tools, including message maps specific to a pandemic influenza event. Predraft messages to the extent feasible in order to ensure messaging is consistent, appropriate for special needs and multiple cultures, supports agencies, and is easily understood by the general public. (public health, in conjunction with response partners)
- v) Develop operational plans to receive, store, secure and distribute vaccine. (BPH)
- vi) Develop and maintain plans for administering pandemic vaccine, both when vaccine supply is limited and in mass vaccination campaigns, in accordance with federal and state guidelines for vaccine use. Review security aspects of plans with local law enforcement authorities. (local public health)
- vii) Develop operational plans to procure, receive, store, secure and distribute antivirals. (BPH)
- viii) In conjunction with potential target populations, develop plans for dispensing of antivirals in accordance with federal and state guidelines for antiviral use (local public health)
- ix) Develop systems to track possible adverse events from vaccine and antivirals
- x) Develop plans to receive, use, track, and return of unused medical countermeasures from federal or state stockpiles (hospitals and LHDs)
- xi) Develop plans and capabilities to protect and support healthcare workers in a pandemic in accordance with OSHA's "Pandemic Influenza Preparedness and Response Guidance for Health Care Workers and Health Care Employers"<sup>1</sup> The healthcare workforce is to be trained, with Just-In-Time training developed, on the proper use of personal protective equipment (PPE) and other infection control measures. PPE recommendations are to be based on response role, and risk of exposure and / or infection (healthcare facility employers).

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<sup>1</sup> This document can be found at [http://www.osha.gov/Publications/OSHA\\_pandemic\\_health.pdf](http://www.osha.gov/Publications/OSHA_pandemic_health.pdf) as of June 2008

- xii) Develop plans to protect and support other workers in an influenza pandemic based on their risk of exposure in accordance with OSHA’s “Guidance on Preparing Workplaces for an Influenza Pandemic”<sup>2</sup>. Train staff in measures to ensure their safety. Planning for work force support should include the provision of mental health counseling, available financial and family resources, and methods to control exposure (e.g. telework, travel restrictions, physical and administrative alterations of the work environment, etc). Pandemic flu specific employee health and attendance / sick leave policies should be developed to allow for flexible work hours and coverage utilizing Wage and Hour Guidelines. These leave policies will enable employees to stay home with ill family members and encourage people to stay home when ill or exposed. Develop plans to monitor employee health and their availability for work. Educate employees on all policies. (all employers)
  
- xiii) Review legal documents and policies regarding implementation of disease control measures (e.g. quarantine, closures, etc) and clearly communicate the same to all involved parties at the state and local level. Define gaps and, if not addressed otherwise, develop advance drafts of executive orders to mitigate these gaps applicable to an event. (public health and other agencies involved in response)
  
- xiv) Develop systems and tools to provide psychosocial support to the response workforce and the general public. Given that a pandemic influenza event will result in high demands for psychosocial support for all persons involved, procedures and resources for providing psychosocial support to response workers, healthcare personnel, disaster victims, family members of these groups, impacted communities, and other persons as needed are to be put in place. (WVDHHR-BHHF, Behavioral Health Centers, WV Council of Churches and other behavioral health partners)
  
- xv) Develop governmental workforce support programs and support private and public sector response entities in developing the same through the following types of activities:
  - (1) Advance employee education about influenza pandemics and what to expect during them.
  - (2) Advance development of employee education / information for distribution during a pandemic
  - (3) Training on tools and techniques for supporting staff and families during times of crisis; on behavioral techniques to help employees cope with grief, stress, exhaustion, anger, and fear during an emergency; on peer to peer support techniques in psychological first aid; on actions employees can take to protect themselves and their families in a pandemic, etc.
  - (4) Advance identification of worksite and community resources that will reduce the financial and emotional burden on employees and their families during and after a pandemic.
  - (5) Development of plans to support child care needs if schools are closed (recognizing that data suggests that stable groupings of 6 or fewer children does not typically significantly increase the risk of respiratory infection).

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<sup>2</sup>This document can be found at <http://www.osha.gov/Publications/OSHA3327pandemic.pdf> as of June 2008

- (6) Development of plans to adapt worksites to protect employees from the spread of disease and training of staff on the same.

(WVDHHR-BHHR in conjunction with state agency employers; private sector businesses, local governments)

- xvi) Identify and plan for the protection and continuity of critical infrastructure and key resources necessary to meet basic societal needs. Critical infrastructure and key resources, both public and private entities, include but are not limited to:

- (1) food supplies,
- (2) potable water supplies,
- (3) fuel supplies,
- (4) transportation routes needed to maintain goods and service deliveries,
- (5) banking services,
- (6) medical services,
- (7) power grids
- (8) communications infrastructures, etc.

- xvii) Encourage and support critical industry / sector planning to include:

- (1) Development of written Standard Operating Procedures (SOPs), identification of alternate supply chains, risk assessments for employee's exposure to influenza with mitigation strategies for those found to be at higher risk, and staff training.
- (2) Development of plans to address expanded demand for utilities such as telephone, cable, and Internet providers due to usage by people who are at home due to illness, school closure, social distancing requirements, etc., or due to telecommuting / work from home or other remote locations.
- (3) Preparation of crisis management and business continuity plans to sustain their operations with 20 to 40 percent of their work force unavailable for several weeks. Activities to be undertaken to address this possibility include:
  - (a) Cross-training of personnel to maintain critical functions such as law enforcement, fire, EMS, jails, water systems, sewer systems, electric utilities, etc.
  - (b) If cross training is not an option due to licensure,
    - (i) ensure that memoranda of understanding are in place with individuals and/or jurisdictions having the same certification.
    - (ii) Consider recruitment of trained and licensed individuals from non-essential sectors that can apply their skills to other settings / return of individuals who have recently retired.
- (4) Policies to encourage sick or exposed employees to stay home. Policies to address financial burdens placed on staff that are not at work at the request of employers. Policies related to the use of leave for employees that may want to stay home to care for people that are not dependants or to volunteer as part of community pandemic response.

(WVDMAPS, WVDHHR – OEHS, WVDAG, WVDOT, WV Public Service Commission, WVBPH-OEHS, and other state agencies as well as businesses and agencies defined as CI/KR).

b) Pandemic Alert Period

(WHO response phases 5 and 6--Pandemic Alert for WV, assuming initial development of pandemic virus outside of the state). In this phase, large clusters of disease caused by a highly virulent strain with human to human, sustained transmission may be occurring within the general population, initially in a location outside the U.S. (most likely). In the United States, the risk of a pandemic is seen to be a substantial probability or imminent. Transmission may begin to be seen within the US (most likely not initially in WV). Early in this phase, spread of pandemic virus will be deemed likely to come to WV; later in this stage, such should be seen as imminent. This stage may include occasional, sporadic WV cases, but no evidence of sustained in state transmission. This phase should trigger heightened surveillance. Notification and communication among federal, state, and local public health agencies and the health care sector will increase. Public messages should be coordinated. State and local response organizations prepare to access and activate necessary resources. Plans are reviewed.

Critical Activities:

- i) Enhance surveillance for pandemic flu (public health, laboratories, health care providers and facilities, and schools). Methods may include:
  - (1) Sentinel provider reporting and specimen submission.
  - (2) Testing of clinically suspect and/or unusual cases or clusters of disease.
  - (3) Tracking of School and Workplace Absenteeism
  - (4) Implementing Emergency Department (ED) and Hospital Aggregate Influenza and Pneumonia Surveillance
  - (5) Tracking influenza and pneumonia hospital admissions and discharges.
  - (6) Implementing Influenza and Pneumonia Mortality Studies.
  - (7) Virologic Surveillance:
    - (a) Aggregate reporting from laboratories
    - (b) Name based electronic reporting from sentinel laboratories.
- ii) Regularly communicate surveillance findings between State Epidemiologist, Lab Director, State Health Officer, Director of Threat Preparedness (BPH), State Emergency Management, local health, reporting sources, and others as appropriate. (public health, via Health Alert dissemination, briefings, conference calls, etc.)
- iii) Assure that physician guidelines, surveillance protocols, infection control protocols, and isolation and quarantine procedures are internally consistent with one another and are disseminated / available to applicable parties across the state. These guidelines may be viewed at <http://www.wvdhhr.org/idep/a-z/a-z-influenza.asp>. (WVDHHR-BPH-IDEP)

- iv) Review plans, protocols and policies required for pandemic influenza response, (all employers and agencies)
- v) Communicate situation to the public at regular intervals and clearly as possible, emphasizing actions individuals and families should take now in preparation for a pandemic, actions that can be taken during a pandemic to reduce spread and maintain health to the extent possible, and potential public health interventions that may be implemented to prevent disease spread (public health; emergency management).
- vi) Review supplies and equipment to assure adequate stock. Review of applicable MOUs and contingency contracts to support access to critical supplies (all employers and agencies).
- vii) Review and assure that all contact information for response partners and employees is up-to-date and that communication plans are readily available to all staff. Check all communications equipment for its operability (all employers and agencies).
- viii) Provide training for workers to remind them of plans, protocols and policies and to assure knowledge of how to protect themselves and their families during a pandemic (all employers and agencies).
- ix) Refine pre-drafted prioritization and use guidelines for antivirals, based on epidemiology of the virus and characteristics of the pandemic evolving in accordance with federal guidance and WHO information (BPH).
- x) Pre-deploy a supply of antivirals and medical countermeasures to hospitals (for use in treatment of ill patients and staff) and to local health departments (for use in partnership with other community organizations serving targeted recipients) (BPH)
- xi) Refine and check systems through which antivirals will be dispensed at community levels in accordance with federal and state guidelines (hospitals as well as LHDs in collaboration with organizations serving targeted groups).
- xii) If vaccine is available, refine pre-drafted vaccine prioritization and use guidelines, based on epidemiology of the virus and vaccine characteristics in accordance with federal guidance and WHO information (BPH).
- xiii) If vaccine is available, implement its use in accordance with federal and state guidelines for its use. (LHDs, hospitals, and community partners)
- xiv) Review facility and regional plans for provision of medical care to an expanded number of patients. Review and update supply caches and stockpiles as needed in anticipation of event. Train staff on plan implementation (hospitals and health care facilities individually and working in healthcare planning regions)

c) Pandemic Period

(WHO Phase 6). In this phase, sustained person to person transmission will be occurring within WV, triggering full response operational activities. It will be essential to coordinate such activities with CDC, neighboring states, and across local jurisdictions. Response assets, including antivirals, should have been pre-positioned to the extent possible by this point. Pandemic arrival in WV will be declared by the State Health Officer, triggering activation of pandemic response plans. Emergency Declarations and activation of Emergency Operations Centers will be undertaken as needed based on pandemic severity. Vaccine may not be developed or available in the early stages of a pandemic, however, operational plans for vaccine distribution aimed at reducing morbidity, mortality and social disruption should be established based on currently known epidemiology of the virus with hopes of implementing use of vaccine as rapidly as it becomes available.

Critical Activities:

- i) The State Public Health Officer and State Epidemiologist will coordinate with the Secretary of Military Affairs and Public Safety, to activate and direct the applicable response based on bulletins and other pandemic information from the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) sources to detect alerts about new virus variants and for changes in current recommendations for prevention and control of influenza.
- ii) The WVDHHR Health Emergency Operations Center will be activated and upon recommendation of the State Health Officer and Homeland Security Advisor, the Governor will declare a state of emergency.
- iii) Upon request of WVDHHR or as otherwise indicated, the WV Department of Military Affairs and Public Safety, Division of Homeland Security and Emergency Management will activate the State Emergency Operations Center (SEOC) and identify which support agencies are needed.
- iv) Antivirals, if they have not already been distributed to hospitals and local health departments, will be distributed. Distribute other available medical equipment and supplies at hospitals and other applicable facilities, to the extent it is available and need is anticipated. (WVDHHR).
- v) To limit the spread of pandemic influenza, disease prevention and control actions in accordance with pandemic severity will be initiated. These will be undertaken in accordance with guidance from CDC. Draft guidance on the same can be found in the CDC publication, “Interim Pre-Pandemic Planning Guidance: Community



Strategy for Pandemic Flu in the United States.”<sup>3</sup> They are implemented within communities as per state and local plans to do so, but initiated at the recommendation of public health. Actions to decrease disease spread are more fully outlined in the WVDHHR Public Health Threat Response Plan, Pandemic Flu Annex. Plans for locally implementing and managing the consequences of the same should be outlined in local jurisdiction and in sector specific plans, e.g., education, commerce, etc. The same should be addressed in organizational specific plans, including those of the private sector. (public health, in conjunction with state and community partners – emergency management, schools superintendents, etc.).

Community mitigation actions to be implemented in accordance with pandemic severity include:

- (1) Voluntary isolation of case patients or probable or suspect case patients (as defined by public health), at health care facilities or at home.
  - (2) Voluntary quarantine of case contacts (as defined by public health) at designated facilities or at home.
  - (3) Restriction / cancellation of large public gatherings (sporting events, concerts, theatres, conventions, etc.). These may be implemented statewide, regionally (i.e. a contiguous group of counties), or locally (i.e. municipality or county). How, where, and when these restrictions will be implemented depends on the temporal and spatial characteristics of disease activity.
  - (4) Dismissal of students from schools and day care centers. (superintendents and center directors at the recommendation of public health)
  - (5) Recommendations for employers to implement worksite adaptations to reduce disease spread: telecommuting, teleconferencing, alterations of work schedules to reduce the number of people sharing a workspace, physical changes to increase ventilation or to reduce close proximity of individuals, etc.
  - (6) Recommendations for behavioral changes such as remaining a defined distance from others, limiting hand shaking, or other social distancing practices that may decrease the spread of influenza.
  - (7) Travel restrictions or guidance in accordance with U.S. or international health authorities.
- vi) Conduct special studies (e.g. rapid health assessments, risk factor evaluation, etc.) as needed to better understand disease characteristics and populations at risk. (public health)
- vii) Maintain clinical and virologic surveillance for influenza viruses in order to guide disease control measures and allocate available resources. (WVDHHR-BPH in conjunction with local health departments, healthcare providers and facilities, schools, etc.)

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<sup>3</sup> This document can be found at [http://www.pandemicflu.gov/plan/community/community\\_mitigation.pdf](http://www.pandemicflu.gov/plan/community/community_mitigation.pdf). June 2008

- viii) Enhance medical surge capacity through eliminating non-critical health care services and augmenting system of care through such activities as the following:
  - (1) Implementing facility based medical surge plans (e.g., cancelling elective surgeries, implementing early discharge plans, conversion of vacant units into staffed bed units, etc.)
  - (2) Activating regional MOUs among facilities working in regions to support expanded care and staffing needs to the extent such is feasible
  - (3) Expanding outpatient care services (reducing non-critical visits, redirecting staff, etc.)
  - (4) Expanding home based care services / family support of ill individuals through provision of information on home care, activation of call centers to provide phone consultation, etc.
  - (5) Activation and staffing of alternate treatment centers to manage influenza patients who are not in need of ICU or ventilatory care to off-load hospitals.
  
- ix) Track status of hospital beds and selected medical resources. Facilitate augmentation of critical needs, to the extent possible. (WVDHHR-BPH)
  
- x) Communicate preventive and protective actions to enable the public to make informed decisions about their security, health and well being during the crisis. The State Health Officer, State Epidemiologist, State Veterinarian, State Police Superintendent, Adjutant General, and other agency heads and experts serve as subject matter experts to develop recommendations for the public. Pandemic influenza communication plans include the following key activities and concepts:

(Emergency management with the support of public health for all health and medical related messages)

- (1) Activate Joint Information Systems, Joint Information Centers, and Influenza Hotlines.
  - (a) *Joint Information Systems*: Local agencies (i.e., local health departments, local emergency management, etc.) are the first line of local communications with the public and media with backup being provided as needed by regional health department groups, state and federal agencies. Local health departments may request assistance from any of these partners when their resources are overwhelmed. To coordinate messages, local agencies, to the extent feasible, will obtain and disseminate key messages distributed by state agencies as adapted to local conditions. Public health and health care should coordinate messages to enhance consistency of message and accuracy of information.
  - (b) *Establish a state Joint Information Center*, if beneficial. Such may be physical or virtual. Public communication staff from all levels may be part of the Joint Information Center. The JIC will operate using the National Incident Management System (NIMS). All statements to the media and public will be issued from this center, and all briefings and news conferences will be held at this center. The Joint Information Center

will be located in an area that allows easy access for the media. The JIC will have space for media work stations, press conferences, etc. According to need, the JIC may be staffed 24/7 with relevant state agencies, including federal or local as needed. Each agency representative in the JIC is responsible for communicating with local, regional, state and federal agencies working with their agency.

- (c) *Establish a hotline.* The Influenza Hotline will be operated through WV DHHR by the WV Poison Center, with a proposed backup location at the Division of Threat Preparedness' Office. The current toll-free number is [Note: to avoid possible confusion number will be provided upon activation]. Calls will be monitored by hotline staff and suggestions of common topics to be addressed by public communication messages will be made to the JIC.
- (d) *Rumor Control:* The State Emergency Operations Center (SEOC) and the Hotline will be primary sources of information on the need for rumor control / specific topics around which rumors are arising. The JIC will address these rumors by developing messages and distributing them to the media and public.

(2) Information presented will be:

- (a) Designed to be open, honest, accurate and timely;
- (b) Clear and simple to provide the greatest benefit to the public; translating technical and scientific information into messages for everyday audiences;
- (c) Shared among local, regional and state partners so that coordinated, consistent messages are delivered to the public and media;
- (d) Disseminated using multiple mediums to all internal and external partners, the public, and the private sector.

(3) Information provided will focus on:

- (a) Situation updates to include disease information
- (b) How the government and healthcare community are responding
- (c) Where and how to access resources and supplies
- (d) What businesses can do to help ensure continuity of operations
- (e) What individuals and families can do to help themselves (self-care, infection control, social distancing, and behavioral health information)
- (f) Updates and planning guidance to schools, hospitals, long term care facilities, clinics, pharmacies and others on preparing for and responding to an influenza pandemic.

(4) Channels of communication with the public and media to be used include the Influenza Hotline, Reverse 911, Satellite Radio Emergency Alerts, Emergency Alert System, mass media (radio, television, and newspapers). State and local agencies partners and other community organizations will also be used as dissemination mechanisms to expand distribution networks.

- xi) Support local communities, as requested, in the provision of food, water, medical supplies for those in voluntary isolation or quarantine or as needed otherwise if community supplies become limited. (WVDHSEM through state EOC working

with American Red Cross, Voluntary Organizations Active in Disaster, Faith Based Organizations, private sector, and state agency representatives)

- xii) Provide information on self-care / caring for family members, including behavioral health information for persons in home isolation / quarantine and for vulnerable and hard-to-reach populations. (WVDHHR—BPH and BHHF)
- xiii) Issue state antiviral use and prioritization guidance in accordance with current epidemiologic information on pandemic flu virus and current federal guidelines. Assure coordination of the same with neighboring jurisdictions. (WVDHHR-BPH).
  - (1) Antiviral prioritization will be based on federal recommendations applied to WV communities. Prioritization will be aimed at reducing the burden of severe disease and sustaining critical infrastructure.
  - (2) Given present supply, the majority of antivirals are targeted for use in treatment. If increased supplies are available (either publicly or privately), consideration of prophylactic use among health care workers (those at greatest risk of exposure) and essential service workers (those sustaining critical infrastructure for whom there is little redundancy) will be considered.
  - (3) Allocations to hospitals will be based on historical data on influenza and pneumonia admissions; allocations to LHDs will be population based with adaptations, as available, based on enumeration of specific target groups across jurisdictions, as estimated by LHDs in advance.
- xiv) Continue distribution of antivirals and other medical countermeasures to hospitals and local health departments as applicable and as supplies are available.
- xv) Track adverse events to antivirals. (WVDHHR-BPH)
- xvi) If vaccine is available, issue state vaccine use and prioritization guidance in accordance with current epidemiologic information on pandemic flu virus and current federal guidelines. Assure coordination of the same with neighboring jurisdictions. (WVDHHR-BPH)
  - (1) Vaccine prioritization will be based on federal recommendations applied to WV communities. Prioritization will be aimed at preventing disease in those most at risk, sustaining critical infrastructure, sustaining pandemic response, and maintaining national security.
  - (2) Vaccine is not expected to be available in the first wave of the pandemic in significant supply. Eventually, sufficient supply to vaccinate all those who so desire vaccine is anticipated to be available and will likely be beneficial in reducing the impact of subsequent pandemic waves.
  - (3) Vaccine allocations to hospitals will be based on historical data on influenza and pneumonia admissions; allocations to LHDs will be population based with adaptations, as available, based on enumeration of specific target groups within jurisdictions, as estimated by LHDs in advance of an event.

- xvii) Support sustainment of critical infrastructure resources such as potable water, food distribution, banking services, transportation, garbage, government services, etc in order to maintain communities' stability. Scarce resources will be allocated and redirected based on prioritization of those deemed critical across multiple sectors and to sustain pandemic response (healthcare, vaccination programs, etc.). Focus will be on the integration of public and private resources or support networks as appropriate and available.
  - (1) Support critical infrastructure and related industries in regards to staffing and operational contingencies to maintain normal operations as long as possible
  - (2) Support the implementation of procedures to protect employees from increased exposure risk while still maintaining critical services (shifts, spacing, PPE).
  - (3) Support the implementation of mechanisms by which necessary operational practices and essential services can be undertaken via methods minimizing disease spread (reducing close face to face contact, minimizing crowded situations, moving to shifts for population density reduction, telecommuting including the equipment and means by which staff can access systems from offsite, travel restrictions, etc.) among employees, clients, and customers.
  - (4) Facilitate cooperative agreements with similar businesses.
  
- xviii) Provide and coordinate activities aimed at public and private sector workforce support to maintain workforce resiliency and maximize sustainment of both infrastructure and pandemic response
  - (1) Facilitate alliances between essential service providers / pandemic responders with community-based organizations and nongovernmental groups with expertise in and resources for psychological and/or psychosocial support services.
  - (2) Assist administrators, managers, and supervisors utilize tools and techniques for supporting staff and their families during times of crisis.
  - (3) Provide and update staff in hospitals and occupational health clinics (e.g., social workers, psychiatrists, nurses, psychologists, counselors) on provision of behavioral techniques to help employees and the public cope with grief, stress, exhaustion, anger, and fear during an emergency.
  - (4) Utilize behavioral health expertise in developing public messages aimed at both responders and the general public.
  - (5) Allow for flexible work hours and coverage utilizing Wage and Hour Law Guidelines
  - (6) Identify additional resources that can be available to employees and their families during and after a pandemic (financial assistance, social services, grief counseling, support groups, unemployment compensation, etc.)
  - (7) Support employers and communities in the development of mechanisms to assist staff members who have child-care or elder-care responsibilities or other special needs that might affect their ability to work during a pandemic. (WVDHHR-BHHF and WVDMAPS),
  
- xix) Provide Security for Critical Infrastructure and in Support of Response Operations:

- (1) The West Virginia State Police is responsible for the coordination of law enforcement, protection of life and property, protection of critical response assets (antivirals, vaccine, fuel, etc.) and the people that deliver them, controlling traffic, assisting with the handling of mass casualties and victim identification, etc., during implementation of this plan.
  - (2) These functions are normal responsibilities of all law enforcement agencies within assigned jurisdiction and are basically unchanged except to require intensified effort and to involve unique components of response and recovery efforts. Security related activities include:
    - (a) Provide police services and security services.
    - (b) Coordinate use of other agencies in provision of security, if needed, including the WV National Guard, WV Department of Natural Resources, Coast Guard, and others.
    - (c) Provide Aviation support.
    - (d) Provide manpower support.
    - (e) Assess physical threats to water and sewage systems.
    - (f) Coordinate law enforcement operations including security for reception, storage, and distribution of vaccine/antivirals.
    - (g) Coordinate security for public officials and response workers.
- (West Virginia State Police)

d) Recovery Period

This phase of the pandemic involves decreasing response functions as the severity of the pandemic decreases, and increasing activities aimed at returning to normal operations. State support and mutual aid decreases as communities become self sustaining again. State and Local Emergency Management Agencies in conjunction with Pandemic Influenza Planning Committees and Local Emergency Planning Councils (LEPCs) develop strategies for short and long term recovery by taking inventory of resources including staff and supplies, and designing actions to return to normal operations. Collaborative private sector efforts support economic recovery. Public Health messages inform the public of return to work, school, and public events. Surveillance for future waves of disease is sustained.

Activities:

- i) Undertake demobilization planning (WVDHSEM and other state agencies)
- ii) Scale back of community containment measures (WVDHHR).
- iii) Clean and repair equipment and facilities used for response (all agencies, facilities, and organizations).
- iv) Recall any unused supplies and equipment. (all state agencies)

- v) Account for/ recover unused state-supplied antivirals, vaccine, and medical supplies. (WVDHHR)
- vi) Provide disaster assistance to aid in recovery such as food, water, medical supplies, and behavioral health assistance. If available, secure financial assistance for disaster victims. (ARC, WVDHSEM, WVDHHR-BHHF, BCF, and BMS, etc.)
- vii) Continue to educate the public and provide appropriate public information.
- viii) To the extent feasible, resume normal or expected daily operations. Restoration of services should be prioritized based on mission essential functions and human impact.
- ix) Conduct an after action review, documenting the successes and lessons learned. Share this information with appropriate parties, develop improvement plans, and track their progress..
- x) Assess state and county government leadership positions, agency staffing, and programmatic function. Fill vacant appointed, hired, and elected positions according to applicable law and procedures. Prioritization will be as follows:
  - (1) Essential leadership and staff, including government officials, police, judges, health officials, etc.
  - (2) Essential agency programs and processes, including public health, law enforcement, emergency management, military, prison, treasure, human services, etc.
  - (3) All other positions and programs
- xi) As necessary, implement new or revised procedures to aid in hiring, managing temporary backlogs or work, and building new infrastructure.
- xii) Assist essential non-governmental personnel and functions return to normal operations as quickly as possible. Included among these are utilities, health care facilities, schools, grocery stores, water systems, etc.

## **TASK ASSIGNMENTS**

### **a) *State Government and Statewide Organizations***

- i) Governor's Office.
  - (1) Declare a state emergency upon consultation with the State Health Officer and Secretary of WVDMAPS.
  - (2) Maintain contact with essential federal agencies (e.g. FEMA, DHS), national organizations (e.g. National Governor's Association), WV Congressional Delegation, etc.

- (3) Maintain communication with the Governors' Offices and key leadership of contiguous states.
- (4) Work with legal and judicial system to address other issues required to sustain response and support community infrastructure
- (5) Maintain communication with the three main bodies of state government (executive, legislative and judicial) to assure consistent chain of command and continuity of operations.
- (6) Issue executive orders necessary to sustain response operations in accordance with authorities in WV Code, Chapter 15.
- (7) Evaluate, maintain oversight and assist in efforts to sustain all pertinent state agency functions, with emphasis on emergency functions.
- (8) Request federal deployment of Strategic National Stockpile (SNS) assets to West Virginia, upon recommendation of the State Health Officer / DHHR Incident Command Lead.
- (9) Assure the administration of antivirals and/or vaccine to appropriate leaders and staff as directed by public health officials in accordance with federal and state priority recommendations.
- (10) Assure that all measures are taken to sustain staffing and essential operational capability.
- (11) Support agencies of state government in developing, coordinating, and maintaining internal emergency operations plans, procedures, policies, and protocols delineating how they will fulfill responsibilities outlined below. All such plans should be compatible with this annex, the State Emergency Operations Plan, and compliant with the National Incident Management System.

ii) West Virginia Department of Health and Human Resources

- (1) Bureau for Public Health (BPH).
  - (a) Activate DHHR Disaster network, Health EOC and establish agency incident command structure.
  - (b) Provide support to state EOC when activated. This position will also serve as PH Command liaison to the state EOC.
  - (c) Maintain routine surveillance systems for influenza, including laboratory, virology, sentinel physician network, and information reporting, including mortality, ED, hospital admission and discharge (Note: Influenza surveillance activities will evolve according to the epidemiology of the circulating influenza virus(es) as well as novel influenza virus).
  - (d) Activate enhanced surveillance systems, including processes to detect influenza among travelers from areas where a novel influenza virus has been confirmed as well as tracking school and workplace absenteeism, hospital admissions, mortality.
  - (e) Undertake laboratory based surveillance and diagnostic services in support of pandemic response.
  - (f) Assist sentinel labs with guidance and policy on specimen collection and submission, dependent upon the course of the pandemic.



- (g) Institute measures to decrease disease spread in accordance with CDC and other recommendations in accordance with pandemic severity (e.g., social distancing, worksite adaptations, school dismissal, etc.)
- (h) Develop and implement procedures to request, receive, inventory, secure and distribute antivirals, medical supplies, and, when available, vaccine. Disseminate guidance on antiviral and vaccine use consistent with federal guidelines on countermeasure prioritization.
- (i) Work closely with CDC to request and receive vaccine either through standard immunization program processes or through the Strategic National Stockpile Program.
- (j) Work closely with CDC to request and receive antivirals through the Strategic National Stockpile Program.
- (k) Support the antiviral and vaccine dispensing plans of community stakeholders and partners, and modify as needed.
- (l) In accordance with federal guidance, prepare drafts and/or standard templates for information documents including fact sheets for the general public and guidelines for health care providers on appropriate use of antiviral medications and vaccines.
- (m) Activate and maintain antiviral and vaccine adverse event identification and reporting mechanisms.
- (n) Educate health care providers (including home based care providers) about appropriate infection control procedures for influenza as well as how to care for patients suffering from influenza and its complications.
- (o) Interpret legislative code, rules, and agency policy for affected offices and divisions.
- (p) Activate processes to execute isolation, quarantine or other social distancing orders and plans. Ensure that all public health orders and court orders are developed and served, as needed (accomplished through in-house counsel in conjunction with State Attorney General).
- (q) Direct any travel advisories and guidelines, if needed.
- (r) Assist the federal government in any federal isolation/quarantine orders, including those associated with Federal Quarantine Stations at airports outside of WV.
- (s) Coordinate hospital and regional health care system response activities.
- (t) Activate alternate health care delivery system model, with emphasis on alternate treatment centers and support local communities as possible in their becoming operational.
- (u) In conjunction with Regional Medical Command Centers and 911 agencies, coordinate the provision of pre-hospital emergency care associated with the pandemic.
- (v) Work with hospitals and other health entities as applicable to track medical resources in order to identify areas of need and to coordinate health response.
- (w) In conjunction with Regional and LHD volunteer coordinators, support health and medical response staffing needs through deployment of health and medical volunteers using the WVREDI system.

- (x) Execute and manage all health-related information technology (IT) systems, including WV Electronic Disease Detection and Surveillance System (WVEDDS), Health Alert Network, credentialing and deployment of healthcare volunteers (WV REDI), rapid notification, hospital bed and medical resource tracking, etc.
  - (y) Coordinate the development and distribution of key public information messages and education related to pan flu.
  - (z) Investigate and mitigate identified environmental risks; institute prevention and control measures for the same (related to food supply system, medical waste, communal housing, potable water, and cleaning of alternate care site/public transportation, etc); Provide emergency response information to the public and local health on environmental issues and on cleaning of alternate care site facilities, public transportation, home care settings, etc.,
  - (aa) In coordination with the Department of Agriculture prepare and disseminate to the public and other stakeholders food safety information.
  - (bb) Assist/support localities with handling and disposal of human remains through providing guidance on transport options, temporary morgue sites, availability of refrigerated trucks, availability of retired/former morticians and medical examiners, etc.
  - (cc) Provide support to, and track the operational capabilities of critical infrastructure/key resources within the regulatory authority of BPH. Communicate operational status to DMAPS and other applicable response agencies.
  - (dd) Assure the administration of antivirals and/or vaccine to appropriate leaders and staff as directed by public health officials in accordance with federal and state priority recommendations.
  - (ee) Assure that all measures are taken to sustain staffing and essential operational capability.
- (2) Other DHHR Bureaus
- (a) Support provision of behavioral health disaster response services to DHHR responders and communities (Bureau for Behavioral Health and Health Facilities-BHHF).
  - (b) Maintain and provide oversight and support to community based response teams to assess psychological impact of disaster and triage affected individuals as needed (BHHF).
  - (c) In conjunction with the Office of the Chief Medical Examiner, American Red Cross, and others, support Family Assistance and Respite Centers, if activated (BHHF)
  - (d) Assist in planning and implementing medical surge plans in state run health care facilities. (BHHF).
  - (e) Assure consistent process to support the provision of family assistance, TANF, Medicaid, WIC, Food Stamps, and other human services programs, including management of potential increased demand for

such services given the potential economic impact of a pandemic (Bureau for Children and Families – BCF; Bureau for Medical Services; etc.).

- (f) Track the adequacy of care of children under the administrative responsibility of the state (BCF)
- (g) Work within foster care and other networks to maximize care for children temporarily or permanently without guardian or caretaker (BCF).
- (h) Assure the administration of antivirals and/or vaccine to appropriate agency staff as directed by public health officials in accordance with federal and state priority recommendations.(all Bureaus)
- (i) Assure that all measures are taken to sustain staffing and operational capability (all Bureaus).

iii) WV Department of Military Affairs and Public Safety (DMAPS).

(1) Administration

- (a) Support state agencies in maintaining operational capabilities in the implementation of their COOP plans.
- (b) Track operational status of critical infrastructure and key resources in the state in continuity of their operations. Communicate operational status of CI/KR to applicable state agencies and other partners.
- (c) Support state agencies in developing and maintaining operational plans in support of pandemic response.
- (d) Support local emergency management agencies and partners in pandemic planning through the Regional Planners network.
- (e) Assure the administration of antivirals and/or vaccine to appropriate agency staff as directed by public health officials in accordance with federal and state priority recommendations.
- (f) Assure that all measures are taken to sustain staffing and essential operational capability.

(2) Division of Homeland Security and Emergency Management (DHSEM).

- (a) Collaborate with Governor's Office and pertinent state agency staff to determine appropriate time to seek a disaster declaration.
- (b) Activate the State Emergency Operations Center (SEOC).
- (c) Coordinate flu pandemic response and recovery functions of various state agencies and essential partners.
- (d) Assure that all asset requests that arrive at the EOC from counties are processed into missions and assigned to the appropriate state agency or partnering organization for disposition.

(3) WV State Police

- (a) Coordinate security efforts at state and local levels, including regional jails and prisons.
- (b) Assume primary responsibility for security assessments, area sweeps and other security functions during reception, staging, and storage of vaccine, antivirals, or other medical assets, especially if these assets are deployed under the direction of the Strategic National Stockpile.

- (c) Assume lead role for security during transport of pharmaceuticals from Receipt, Staging and Storage (RSS) sites or other reception point to local dispensing or storage points.
  - (d) Work proactively to minimize the development of public panic or disorder. Coordinate the protection of the public against the same, if it occurs in public or private settings.
  - (e) Provide assistance in enforcement of quarantine and isolation or other applicable social distancing orders.
  - (f) Provide aviation support as deemed necessary.
  - (g) Coordinate/assist in identifying additional resources to support provision of security at local dispensing sites, including Point of Distribution (POD) sites when local resources are exceeded and request for assistance is made.
- (4) WV National Guard (NOTE: availability may be limited by other deployments or federal activation.)
- (a) Perform as the primary agency for military support to a pandemic influenza emergency.
  - (b) Augment functions of other agencies with corresponding National Guard capability as available, including medical, security, air and ground transportation, vehicle and equipment operation, food preparation, traffic control and other specialty areas.
  - (c) As available, provide personnel support needed in support of health and medical response.
  - (d) As available, provide personnel support needed to sustain state and local community infrastructure.
  - (e) Provide redundancy or back up support to the State Public Health Lab. (CST)
  - (f) Coordinate any federal provision of vaccine or antivirals for National Guard use with public health
- iv) West Virginia Department of Education
- (1) Prepare public information messages and resources to be sent home with students.
  - (2) Maintain and activate plans and processes to minimize the spread of disease on campus
  - (3) Develop and execute processes for proactive dismissal of school (snow days) for indeterminate periods of time, as part of larger community social distancing procedures.
  - (4) Identify and address any legal issues associated with the above.
  - (5) Develop and implement plans to continue education of students via alternate means (e.g. TV, web, satellite) to the greatest extent possible.
  - (6) Working with community partners, identify means to assure continued provision of child nutrition services via alternative methods to the extent feasible.
  - (7) Coordinate the conversion of facilities and resources, including schools, stadiums, school buses, etc, for alternate uses (i.e. mass transit, alternate

treatment centers, vaccination sites, etc). Assign and deploy eligible staff to assist with the same. As needed or feasible, consider the reassignment of students in these locations to alternate locations / educational settings.

- (8) Provide LEAs and all parents of students with exceptionalities the criteria and appropriate uses of extended school year to address resulting evidence of regression and compensatory service when IEP services can be accomplished.
- (9) Assure the administration of antivirals and/or vaccine to appropriate agency staff as directed by public health officials in accordance with federal and state priority recommendations.
- (10) Assure that all measures are taken to sustain staffing and essential operational capability.

v) Colleges and Universities:

- (1) In conjunction with emergency management agencies and public health, provide staffing assistance from student population as applicable and legal.
- (2) Maintain and activate plans and processes to minimize spread of disease on campus, up to and including plans to dismiss classes and empty campuses, if necessary.
- (3) Assure that all students have the means to return home, with special emphasis on foreign students.
- (4) Provide housing and care for dismissed foreign students who live in impacted countries that have banned their return.
- (5) Where possible, provide staff with applicable expertise (health care providers, experts in systems critical to maintaining community infrastructure, etc.) to support state and local response.
- (6) If called upon to do so, activate plans and execute procedures to convert usable buildings, including dormitories, into alternate treatment centers, mass vaccination sites, or temporary housing.
- (7) Assure provision of vaccine and/or antivirals to appropriate agency staff as directed by health officials.
- (8) Assure that all measures are taken to sustain staffing and essential operational capability.

vi) West Virginia Council of Churches

- (1) Serve as liaison to faith based communities to mobilize and coordinate congregational efforts in support of state and community response. Examples include:
  - (a) Utilizing faith based organizations as local networks checking in on or supporting needs of local membership.
  - (b) Assisting faith based volunteer groups in linking to state and local response operations.
  - (c) Utilizing parish nurses in support of health care response.
  - (d) Mobilizing faith based organizations to support mental and behavioral health needs of communities (e.g., helping people remain “connected” during times of social distancing, facilitating continuation of

community services including AA, NA, Alanon, etc. via means that do not promote disease spread, etc.).

- (e) Disseminating information to membership and community partners.
  - (2) Assist in identifying, planning for, and effectively modifying cultural and religious practices that may need adaptation in an influenza pandemic.
  - (3) Communicate identified public needs/concerns to emergency management and/or public health to assure these are addressed in public information.
  - (4) Assist in recovery efforts, supporting communities and responders in rebuilding capacity and resilience.
  - (5) Provide support to state agencies in implementing preparedness and response plans in accordance with the ethical principles outlined herewith.
  - (6) Assure the administration of antivirals and/or vaccine to appropriate staff as directed by public health officials in accordance with federal and state priority recommendations.
  - (7) Assure that all measures are taken to sustain staffing and essential operational capability and support faith based organizations' ability to do the same.
- vii) West Virginia Department of Agriculture
- (1) Share animal surveillance information that has potential human health implications with the WV Bureau for Public Health, Division of Surveillance and Disease Control.
  - (2) Work with the Bureau for Public Health's Office of Environmental Health Services (OEHS) in monitoring and controlling possibly contaminated food supplies stored in bulk warehouses, distribution centers or the donated food program from entering the food supply.
  - (3) Inspect meat processing facilities and provide guidance for continuity of operations to maintain food supply chains.
  - (4) In coordination with the Bureau for Public Health's OEHS prepare and disseminate to the public and other stakeholders food safety information.
  - (5) Provide support to, and track the operational capabilities of, critical infrastructure/key resources within the regulatory authority of Agriculture. Communicate operational status to DMAPS and other applicable response agencies.
  - (6) Collaborate with the Office of Laboratory Services (OLS) to provide extra or redundant lab capacity.
  - (7) Assure the administration of antivirals and/or vaccine to appropriate leaders and staff as directed by public health officials in accordance with federal and state priority recommendations.
  - (8) Assure that all measures are taken to sustain staffing and essential operational capability.
- viii) West Virginia Department of Transportation
- (1) Support and maintain open primary and alternate transportation routes to minimize service disruptions and support transportation of critical supplies.

- (2) Communicate with partners and the public on public transportation availability, schedules, and methods of self protection when using public transit.
- (3) Maintain routine cleaning of public transport vehicles to help control disease transmission, consistent with public health infection control recommendations for public settings.
- (4) Communicate issued travel advisories, if implemented.
- (5) Communicate intrastate and cross-border travel restrictions in coordination with public health, if implemented.
- (6) Assist in detection of sick passengers and assist those passengers in obtaining needed medical care and remaining apart from the public to aid in controlling disease transmission.
- (7) Advise emergency management and others of road closures and detours in support of keeping supplies moving.
- (8) Coordinate establishment of fuel depots for emergency response workers including the healthcare workforce and employees of critical infrastructure institutions. Provide support to, and track the operational capabilities of, critical infrastructure/key resources within the regulator authority of DOT. Communicate operational status to DMAPS and other applicable response agencies.
- (9) Establish and maintain transportation resource staging areas.
- (10) Support delivery of antivirals, vaccines, medical assets and other supplies necessary for health and medical response or sustainment of community infrastructure (arranged through the EOC).
- (11) Assure the administration of antivirals and/or vaccine to appropriate agency staff as directed by public health officials in accordance with federal and state priority recommendations.
- (12) Assure that all measures are taken to sustain staffing and essential operational capability.

ix) West Virginia Attorney General Office

- (1) Assist state agencies with interpretation of applicable code and rules; Draft executive orders and formal declarations.
- (2) Assist state and local agencies with emergency orders needed to implement actions such as isolation, quarantine, social distancing and vaccination/prophylaxis/treatment, as needed.
- (3) Represent state agencies in legal challenges, hearings and disputes that arise from mandatory orders or other response activities.
- (4) Assure the administration of antivirals and/or vaccine to appropriate leaders and staff as directed by public health officials in accordance with federal and state priority recommendations.
- (5) Assure that all measures are taken to sustain staffing and essential operational capability.

xix) WV Department of Commerce

- (1) Encourage and support businesses in state in the development of continuity of operations plans, including those applicable to a pandemic.
  - (2) Implement policies and programs that support businesses in economic recovery from a pandemic.
  - (3) Implement policies and programs in support of workers who have lost jobs during or after a pandemic event.
- x) WV Commission for National and Community Service.
- (1) Assist state and local agencies in accessing, deploying and overseeing the use of volunteers in support of state and community response and recovery.
  - (2) Collaborate with other organizations that access/use volunteers (e.g. American Red Cross).
  - (3) Assure the administration of antivirals and/or vaccine to agency staff as directed by public health officials in accordance with federal and state priority recommendations.
  - (4) Assure that all measures are taken to sustain staffing and essential operational capability.
- xi) WV Public Service Commission
- (1) Coordinate state-wide and local emergency functions with utilities and transportation systems.
  - (2) Support and encourage utilities and other critical infrastructure in the development of continuity of operations plans consistent with a pandemic event.
  - (3) Assist with transportation mission requests from the EOC.
  - (4) Review and adapt policies and regulations that may impede emergency functions during a pandemic or subsequent economic recovery.
  - (5) Assure the administration of antivirals and/or vaccine to appropriate agency staff as directed by public health officials in accordance with federal and state priority recommendations.
  - (6) Assure that all measures are taken to sustain staffing and essential operational capability.
- xii) Other support agencies
- (1) American Red Cross
    - (a) Support community government in assuring individuals who are voluntarily or otherwise isolated and quarantined have access to food, meds, and other basic needs.
    - (b) Assume primary responsibility for mass care, sheltering and feeding of displaced individuals.
    - (c) Provide support for families of victims.
    - (d) Coordinate food collection and distribution processes.
    - (e) Assure the administration of antivirals and/or vaccine to appropriate agency staff and volunteers as directed by public health officials in accordance with federal and state priority recommendations.



- (f) Assure that all measures are taken to sustain staffing and essential operational capability.
- (2) Civil Air Patrol - Provide transportation for medical supplies, health care personnel, and disaster victims.
- (3) WV Hospital Association - Assist with information dissemination, resource management, and coordination of health and medical services.
- (4) West Virginia Poison Center
  - (a) Coordinate the initiation and execution of the BPH disaster phone bank system to include serving as the site for receiving adverse event reports for vaccinations, a public information hotline, provider inquiries, etc.
  - (b) Serve as a resource to WVDHHR for dosage and stockpiling decisions for vaccines/antivirals and other pharmaceuticals.
  - (c) Support the development and implementation of hospital pharmacy plans for receiving, utilizing, tracking use of vaccine, antivirals, medical supplies, or other countermeasures. Include in planning activities required to return unused product once the pandemic is over.
  - (d) Coordinated any needed compounding and reconstitution of medications received in bulk from federal stockpiles or other assets.
  - (e) Assure the administration of antivirals and/or vaccine to appropriate agency staff as directed by public health officials in accordance with federal and state priority recommendations.
  - (f) Assure that all measures are taken to sustain staffing and essential operational capability.

***b) Local Government and Other Community Organizations and Facilities***

***i) Local Health Departments***

- (1) In conjunction with emergency management and other partners, assure development and maintenance of community wide pandemic influenza plans; advance capability and capacity to carry out the same.
- (2) Evaluate adequacy of existing local infrastructure to respond to an influenza pandemic and work with county government and partners to address gaps identified .
- (3) Develop plans to support the continuity of essential public health functions.
- (4) Work with local public, private and volunteer organizations to develop and synchronize local health and medical response to a pandemic of influenza.
- (5) Undertake local disease surveillance and epidemiological investigation activities.
- (6) Locally disseminate Health Alerts to applicable health care and response partner entities.
- (7) In coordination with the Bureau for Public Health (BPH), local hospitals, and local emergency management (working through Local Pandemic Flu Planning Committees and LEPCs), identify appropriate sites to serve as triage

centers, mass vaccination/dispensing sites or alternate treatment facilities;  
Advance community ability to operationalize the same.

- (8) In coordination with BPH and other local priority groups/response partners, devise and execute plans for pre-staging and administering state or federally-supplied antivirals to targeted priority groups.
- (9) In coordination with the BPH and local priority groups / response partners, devise and execute a plan for distribution and administration of state or federally-supplied vaccine distributed through the health agency.
- (10) Issue local recommendations and/or orders regarding closures and other measures to decrease disease spread. These should be consistent with state issued guidelines and/or recommendations.
- (11) Maintain and facilitate the use of health and medical volunteer groups in support of health and medical response, including enrollment of the same in WVREDI to support advance credentialing and rapid deployment.
- (12) Assist in communicating accurate health information to the public.
- (13) Assess local capacity to resume traditional public health functions.
- (14) Assure the administration of antivirals and/or vaccine to appropriate agency staff as directed by public health officials in accordance with federal and state priority recommendations.
- (15) Assure that all measures are taken to sustain staffing and essential operational capability.

ii) Local Emergency Management

- (1) Establish and maintain early and ongoing communications with local health departments in support of both planning and response. Advance jurisdictional pandemic flu plans.
- (2) Activate the local emergency operations center when needed in support of response or in maintenance of community infrastructure. Activate the same when directed by State Emergency Management personnel.
- (3) Coordinate all local emergency management activities related to the pandemic, as well as recovery efforts when the pandemic is over.
- (4) Assure that resource requests are met at the local level, if possible, and transmitted to the State EOC if resources are not available locally.
- (5) Assist in maintaining an effective communication network between affected agencies and organizations (including hospitals and other treatment centers) and emergency management.
- (6) In conjunction with BPH, LHDs, and local pandemic planning committees / LEPCs, assist in developing plans to operationalize and manage alternate care facilities.
- (7) Monitor for other emergency incidents that might occur that are not flu related and be prepared to respond.
- (8) Ensure that all pertinent local partners, including businesses and community organization are engaged and collaborating with emergency services, especially local health in advancing pandemic flu response capability.

- (9) Assure the administration of antivirals and/or vaccine to appropriate agency staff as directed by public health officials in accordance with federal and state priority recommendations.
  - (10) Assure that all measures are taken to sustain staffing and essential operational capability.
- iii) Hospitals and health care facilities (hospitals, Primary Care Centers, Long Term Care Facilities, providers, pharmacies, laboratories, medical command, etc.)
- (1) Participate in Regional Health Care System Response as per regional plans and memorandum of understanding (MOU's).
  - (2) Coordinate hospital based and community dispensing efforts with local health departments covering the jurisdiction (vaccines, antivirals, etc.).
  - (3) Monitor status of emergency departments, hospital beds, and medical equipment and report to the state or health EOC by use of resource tracking tools (primarily hospital focused).
  - (4) Provide patient care and treatment in accordance with current recommendations and pre-developed regional surge capacity plans.
  - (5) Collaborate with regional medical command centers regarding patient movement, EMS transport, etc.
  - (6) In conjunction with BPH, WVHA, LEPCs, and Local Pandemic Planning Committees, assist in developing plans to operationalize and manage alternate care facilities.
  - (7) Develop and implement plans to incorporate volunteers / other health care professionals into hospital, rural health centers or clinic operations (using the state's advance credentialing system, WVREDI).
  - (8) Implement resiliency programs in support of response workforce; implement workforce safety programs for at risk workers.
  - (9) Assure the administration of antivirals and/or vaccine to appropriate agency staff as directed by public health officials in accordance with federal and state priority recommendations.
  - (10) Assure that all measures are taken to sustain staffing and essential operational capability.

c) ***Federal Government***

- i) Department of Health and Human Services (DHHS).
  - (1) Expedite vaccine research and development.
  - (2) Coordinate national and international surveillance efforts.
  - (3) Support and/or undertake research/modeling on potentially effective disease prevention and control measures and develop recommendations and/or guidelines based on reliable findings.
  - (4) Assess and enhance vaccine and antivirals supply and coordinate public sector procurement.
  - (5) Maintain national information distribution systems to inform responders and the public of the status of the pandemic.

- (6) Provide pandemic flu materials and templates that can be adapted for state / local use and disseminated.
- (7) Develop recommendations, guidelines, tools, and templates that can be adapted and used as needed at state and local levels for support of clinical triage systems,, vaccine/antivirals prioritization,, community mitigation strategies, infection control, response worker health and safety, altered standards of care, if needed, etc.
- (8) Rapidly and temporarily adapt necessary public health and health care system rules and regulations that would impede state and local response efforts.
- (9) Activate, muster and deploy federal health and medical assets if available, including Disaster Medical Assistance Teams (DMAT), CDC's EIS (Epidemic Intelligence Service (EIS) officers, federal medical stations, Strategic National Stockpile (SNS), Laboratory Response Network (LRN) protocols and support, etc.
- (10) Maintain frequent contact with state public health agencies to strategically plan during the pandemic and recovery.
- (11) Assure the administration of antivirals and/or vaccine to appropriate agency staff as directed by public health officials in accordance with federal and state priority recommendations.
- (12) Assure that all measures are taken to sustain staffing and essential operational capability.

ii) Department of Homeland Security (DHS)

- (1) Partner with other appropriate federal agencies, especially DHHS, to monitor spread, impact and pathogenicity of the pandemic virus.
- (2) Work with necessary entities at federal levels to rapidly and temporarily adapt rules and regulations that impede pandemic response efforts (e.g., education ,transport, etc.).
- (3) Muster and deploy DHS assets, including Federal Emergency Management Agency (FEMA) emergency response teams as needed and available.
- (4) Work with Congress and the Administration to ensure necessary support (fiscal and otherwise) of state, local, and partner agencies undertaking response.
- (5) Maintain contact with other engaged federal agencies, especially DHHS, during course of the pandemic and subsequent recovery activities.
- (6) Closely monitor world events for activities that would threaten a vulnerable U.S. while it is responding to a pandemic.
- (7) Assure the administration of antivirals and/or vaccine to agency and staff as directed by public health officials in accordance with federal and state priority recommendations.
- (8) Assure that all measures are taken to sustain staffing and essential operational capability.

iii) Federal Bureau of Investigation (FBI)

- (1) Assure that federal law enforcement intelligence is transmitted to appropriate personnel at state level.

- (2) Collaborate with WV State Police in coordinating statewide law enforcement responsibilities related to the pandemic.
  - (3) Constantly monitor security networks for illegal/criminal activity that might adversely impact a potentially vulnerable state(s).
  - (4) Maintain an active presence in the State EOC.
  - (5) Assist state with security personnel or activities if state resources are overwhelmed (e.g. prison incidents).
  - (6) Assure the administration of antivirals and/or vaccine to agency staff as directed by public health officials in accordance with federal and state priority recommendations.
  - (7) Assure that all measures are taken to sustain staffing and essential operational capability.
- iv) Other Federal Agencies
- (1) Develop, activate, and implement response and recovery plans for a pandemic.
  - (2) Support state counterparts in the same.
  - (3) Rapidly adapt applicable federal rules and regulations in support of state and community response.

#### **APPLICABLE STATE PLANS CONTAINING FURTHER DETAILS**

- 1) State Government Continuity of Operations – development within agencies
- 2) Continuity of Government- development through WVDMAPS
- 3) Infrastructure Protection – development in WVDMAPS
- 4) WVDHHR Public Health Threat Response Plan, Pandemic Flu Annex – WVDHHR
- 5) Other Agency Specific Pandemic Flu Plans – within agencies