

CITY OF MAITLAND

PANDEMIC INFLUENZA
PREPAREDNESS AND
RESPONSE PLAN



Emergency Management

James S. Williams, City Manager

Executive Summary

The City of Maitland, Florida is an integral part of the Central Florida Metro Area. The city was incorporated as the Town of Lake Maitland in 1885. Maitland has continuously prided itself on its ability to be independent when it comes to providing the best possible government services to its residents. Preparing for the possible impact of a major health emergency, such as a global pandemic influenza event is no different.

In the Spring of 2009, City Manager James Williams directed City staff to begin the process of reviewing all government operations for the potential impact of a large scale health emergency. At that time the responsibility for directing the City's Pandemic Planning effort was placed on the City's only health related department, Fire Rescue.

Since the early 1980's, Maitland Fire Rescue has operated one of Central Florida's most progressive and prepared emergency medical services. Maitland offers a full-service, advanced life support emergency patient care system. In 1988, the city secured the services of Dr. Todd Husty, D.O. as the city's emergency medical director.

While a local or global health emergency would not come directly under the responsibility of the City, the impact of such an event could be operationally devastating. The Orange County Health Department is responsible for community health management throughout the entire County. If a global pandemic occurs, the City's health response would be directed from the Federal levels at the Centers for Disease Control (CDC), to the State of Florida to the County Health Department. In order to assess the local impact of a pandemic on city government operations and prepare each city department to respond, department heads attended an informational meeting conducted by the Fire Department and were directed to establish individual plans for their departments to ensure a continuity of operations within the City during a large scale health emergency.

Reports have indicated that when a pandemic occurs we could be expected to experience up to a forty percent reduction in our available workforce. Obviously this includes all personnel, from the City Manager to our public safety personnel. All aspects of city business would be impacted. Everyday workings of government would also be impacted by some of the predicted mandates such as social distancing.

Department heads were asked to review the impacts of a pandemic on the human resources of the City. Each were asked to "think outside the box" for resources and determine any additional skills their employees may have aside from their assigned

duties. They were asked to consider recent retirees, cross- training of existing employees, agency resources.

Planning for the Continuity of Government is critical to maintaining daily life in any community. Each department will maintain a database of personnel who would succeed those individuals in key positions throughout the City of Maitland.

Communicating with our residents and businesses is integral to the success of any response to a pandemic. The Fire Department created several publications which were sent to every household in the city. The intent was to educate our residents into thinking about their personal family plan for dealing with a possible pandemic. While many of the preparations may be considered all-hazards, a pandemic will certainly have its own set of challenges.

Additionally, staff has attended both local and National programs on Pandemic Influenza. These programs have helped guide in the development of this plan. Each session brings new ideas and more questions. Are we prepared? Can we be ready for anything? What are the community's expectations?

What we have been able to determine is that when compared to other US communities, Maitland planning would be considered above the average, but within the expectations of the National Strategy. This then is a fluid plan. It must be structured enough to be considered ready for implementation, but flexible enough to be changed on-the-fly if necessary. Therefore, until a pandemic affects our community we can only estimate the impact and prepare for the worst.

Contents

1.1 Pandemic Influenza – Seasonal, H1N1, H5N1 (About the Flu)	5
2.1 Implementing ICS in Response to a Pandemic	8
2.2 Florida Field Operations Guide (FOG)	9
2.3 Local Government Responsibilities	10
3.1 The Community Response – Tiered Levels of Response –WHO Pandemic Phases	15
3.2 Community Communication	19
4.1 Human Resources – Continuity of City Services/Labor Relations	20
4.2 School Closures	23
4.3 Essential Functions – Lines of Succession and Delegation of Authority	24
4.4 Modified Employee Work Schedules	26
4.5.1 Telecommuting	27
4.5.2 Special Duty Assignments	29
4.5.3 Classifying Employee Exposure to Pandemic Influenza at Work	29
4.5.4 Personal Protection for Transmission of Flu Viruses	30
4.5.5 Recession of Personal, Vacation or Compensatory Leave Privileges	35
4.5.6 Sending Ill Employees Home (FMLA)	36
4.5.7 Returning from Leave Related to Exposure to the Influenza Virus	37
4.5.8 Facility Closures and Reduction in Force (RIF) Procedures	38
4.5.9 Discipline – Unauthorized Absences	39
4.5.10 Vaccines and Antiviral Delivery	41
4.5.11 Using Community Volunteers	41
5.1 Department Pre-Planning Checklists	43
Conclusions	45
Appendix (A-G)	47

Section 1 – Preparing for a Community Health Emergency

1.1 Pandemic Influenza, Seasonal Flu, H1N1 and the H5N1 virus:

ABOUT THE FLU

Flu refers to illnesses caused by a number of different influenza viruses. Flu can cause a range of symptoms and effects, from mild to lethal. Two strains of flu, seasonal flu and the H1N1 (Swine) flu, are currently circulating in the United States. A third, highly lethal H5N1 (Bird) flu is being closely tracked overseas.

Most healthy people recover from the flu without problems, but certain people are at high risk for serious complications.

Extensive efforts are underway to track and monitor the spread of all flu viruses. In the U.S., epidemiologists at the Centers for Disease Control (CDC) are working with states to collect, compile and analyze reports of flu outbreaks. [Flu symptoms](#) may include fever, coughing, sore throat, runny or stuffy nose, headaches, body aches, chills and fatigue. In [H1N1 \(Swine\) flu](#) infection, vomiting and diarrhea may also occur.

Annual outbreaks of the [seasonal flu](#) usually occur during the late fall through early spring. Most people have natural immunity, and a seasonal flu vaccine is available. In a typical year, approximately 5 to 20 percent of the population gets the [seasonal flu](#) and approximately 36,000 flu-related deaths are reported.

This year, the [H1N1 \(Swine\) flu](#) virus may cause a more dangerous flu season with a lot more people getting sick, being hospitalized and dying than during a regular flu season. H1N1 (Swine Flu) is a new virus first seen in the United States. It is contagious and spreads from person to person. Like seasonal flu, illness in people with H1N1 can vary from mild to severe.

A flu pandemic occurs when a new influenza A virus emerges for which there is little or no immunity in the human population; the virus causes serious illness and spreads easily from person-to-person worldwide. On June 11, 2009, the [World Health Organization](#) (WHO) declared that a global pandemic of [H1N1 \(Swine\) flu](#) is underway.

[H5N1 \(Bird\) flu](#) is an influenza A virus subtype that is highly contagious among birds. Rare human infections with the H5N1 (Bird) flu virus have occurred. The majority of confirmed cases have occurred in Asia, Africa, the Pacific, Europe and the Near East. Currently, the United States has no confirmed human [H5N1 \(Bird\) flu](#) infections, but H5N1 (Bird) flu remains a serious concern with the potential to cause a deadly pandemic.

While types A and B cause an outbreak in most years (seasonal flu), type C causes mild to no disease. Minor genetic changes called **antigenic drift** may give rise to new Influenza A subtypes and Influenza B viruses. The circulation of these viruses causes an outbreak each year, and thus the need for a new flu vaccine each year. After an infection with an influenza virus or inoculation with an influenza vaccine, the body develops immunity to that specific type of influenza virus. However, due to the viral ability to mutate, new vaccines for potential new types of viruses must be developed and given each year to those most susceptible for infection (i.e. first responders, healthcare workers, the elderly, etc).

Influenza A can also undergo a major genetic change called **antigenic shift** resulting in a novel influenza A with a new H or H+N protein combination for which there is little or no immunity among the majority of people. If this new strain of Influenza A easily spreads from person to person and causes serious illness, then a pandemic is likely to occur.

Pandemic refers to the global spread of a disease, while an **epidemic** is localized to a geographic region. An influenza pandemic occurs when there is a worldwide spread of a new strain of influenza A virus that causes serious illness and is easily spread from person to person. Pandemic flu has the potential to kill people regardless of age or health status.

One way for a new pandemic flu strain to arise is through the mixing of different types of influenza A viruses. For instance, the influenza viruses that caused the Asian Flu and the Hong Kong Flu Pandemics are believed to have come from the mixing of human influenza and avian (bird) influenza viruses in another animal such as a pig. The new strain was then able to cause a much more severe illness in humans. The Spanish Flu Pandemic on the other hand is thought to have started from an avian flu that directly infected humans, and the mixing of the avian influenza with the human influenza within a human led to the new deadly strain of influenza A virus.

The Avian Flu H5N1 (or Bird Flu) is a strain of Avian influenza, a virus that primarily infects birds. On rare occasions, avian influenza can infect another species such as humans. When a person is infected with both the Avian and Human influenzas at the same time, there is a risk of genetic exchange between the two influenza viruses and the rise of a deadly viral strain that can easily spread from human to human.

The Avian Flu H5N1 is NOT the same as the seasonal flu for which you get the annual flu vaccine nor is it a pandemic flu. The current fears concerning the new Avian Flu H5N1 are based on it's spreading through birds across Asia and parts of Europe and it's ability to infect and cause serious harm to humans as demonstrated in 1997 in Hong Kong and 2003 in Southeast Asia. Of the 120 persons infected in Southeast Asia, more than 60 have died. Also, the deadly Spanish Flu of 1918 is now thought to have originated from an avian flu and the pattern of spread of the current Avian Flu is reminiscent of the Spanish Flu, which came in successive waves. The

first wave came in the spring and summer of 1918 and caused a widespread disease but few deaths. Then a second wave in the following fall and winter spread quickly and killed millions of people around the world. Like the Spanish Flu, if the current Avian Flu develops the ability to easily spread from person-to-person, then it will become a serious public health threat (i.e. a pandemic).

H1N1 (Swine) flu is a new influenza virus causing illness in people. It has two genes from flu viruses that normally circulate in pigs in Europe and Asia, plus avian genes and human genes. Scientists call this a “quadruple reassortant” virus.

H1N1 (Swine) flu is contagious. This new virus was first detected in people in the United States in April 2009. The virus is spreading from person-to-person, in the same way that regular seasonal influenza viruses spread.

H1N1 (Swine) flu is NOT caused by eating pork or pork products. H1N1 flu is not a foodborne disease, it is a respiratory disease. The USDA continues to remind consumers that all meat and poultry products are safe to eat when properly prepared and cooked.

Illness with the new H1N1 (Swine) flu virus has ranged from mild to severe. While the vast majority of people who have contracted H1N1 (Swine) flu have recovered without needing medical treatment, hospitalizations and deaths have occurred.

About 70 percent of people who have been hospitalized with H1N1 (Swine) flu have had one or more medical conditions that placed them in the “high risk” category for serious seasonal flu-related complications. These include pregnancy, diabetes, heart disease, asthma and kidney disease.

Unlike the seasonal flu virus, adults older than 64 do not yet appear to be at increased risk of H1N1 (Swine) flu-related complications. CDC laboratory studies have shown that about one-third of adults older than 60 may have antibodies against this virus. It is unknown how much protection may be afforded against H1N1 (Swine) flu by an existing antibody.

No one can predict when the next pandemic will occur. But when it does, according to the WHO, CDC and PHAC, it will have the potential to cause more deaths and illness than any other previous public health threat.

Section 2 - Command and Control

2.1 Implementing ICS in Response to a Pandemic

Various local and state public officials have distinct and overlapping authorities with regard to protecting the public's health and safety. The Centers for Disease Control (CDC), World Health Organization (WHO) the Department of Homeland Security, the Governor of the State of Florida, the Florida Department of Health and the local health officer can each direct action within the scope of their jurisdiction.

The authorities' focus is on protecting the public health, which may include introducing social distancing measures such as closing public and/or private facilities and canceling group events. Command and control identifies for all stakeholders legal authorities responsible for executing the operational plan, especially those authorities responsible for isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.

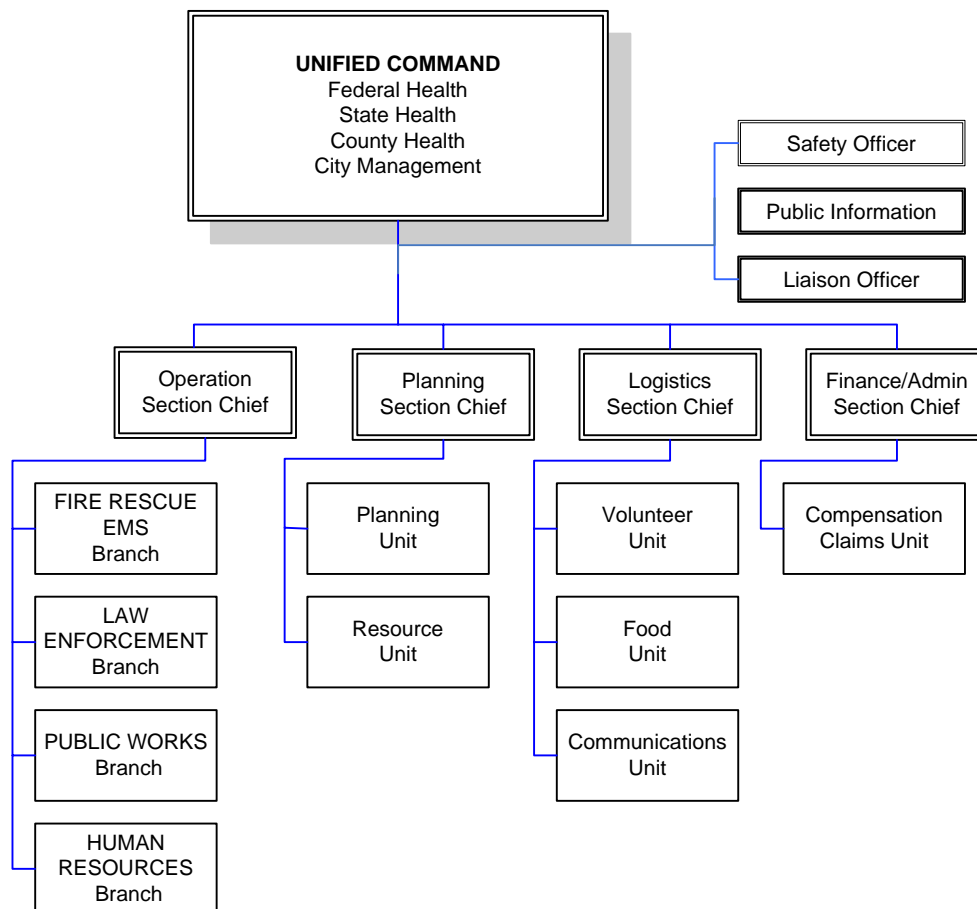


Diagram 2.1 Sample ICS Structure for Health Emergency - Pandemic

The Orange County Health Department is responsible for disease surveillance in the county. The OCHD will monitor data needed to guide response efforts during any influenza pandemic. In addition, they will implement enhanced surveillance measures based on increasing phases of the event to help facilitate the appropriate containment protocols.

A key factor in maintaining a sense of normalcy in the community during a major health emergency is the status of the public school system. As a result of the need to socially distance the population all schools may have to close for periods of time. Once this occurs, widespread disruption of “normal” will occur. The City should maintain an extremely close relationship with the Orange County School Board representatives to have input into the school status during a pandemic event.

2.2 Florida Field Operations Guide (FOG)

The State of Florida has adopted a guidebook which helps to outline the actions and reactions of first responders to any potential emergency situation faced. The Florida Field Operations Guide or FOG as it is referred to, offers all responders and managers the guidance to adapt the concepts of the Incident Command System (ICS) to any emergency.

It is not unlikely that the FOG would be utilized by agencies in Florida attempting to handle the impact of a national pandemic. The use of the concepts found in ICS will serve to guide communities to set goals and establish objectives within a management framework that requires planning, logistics management and financial monitoring.

The FOG is updated annually and should be part of any training exercise (tabletop, TTX) conducted by the City in preparation for a community health emergency.

An electronic copy of the FOG can be found at:

http://www.floridadisaster.org/internet_library.htm#FOG

2.3 Local Government Responsibilities

The National Emergency Management System reminds us that all emergencies are local. Local leaders are the ones in a community the residents will be looking to for all the answers. Once the health event is identified as a pandemic emergency, residents will demand a response; they will want answers, they will want “normal” and want it now. Waiting for the CDC or FEMA to ride in and save the day is not going to be an adequate response. Maitland will need to react and exercise the plans to educate, protect and treat the infected community.

When the immediate situation stabilizes the functions of government must continue and eventually return to normal. If the community has to initiate preventative measures such as social distancing there are going to be legal questions as to how the government will function. Florida has very strict laws governing how government is conducted in the “sunshine”. If transmission preventative practices are initiated it may become necessary to cancel or delay some public events. The following are excerpts from the responses offered by a City Attorney.

- What public policy could be affected by a large scale health emergency?

In February 2006, the Florida Department of Health drafted an Influenza Pandemic Annex to the Emergency Operations Plan in response to growing concerns about the avian flu. The Annex states that the Department of Health will take the lead in addressing policy in preparation of a response to pandemic influenza, Although the Annex fails to charge municipalities with certain responsibilities during such a health emergency, it does delegate various duties to county health departments.

- Does the City have the power to affect a local state of emergency for a health emergency?

Prior to issuing any public health advisory any warning giving information about a potential public health threat the State Health Officer must consult with any state or local agency regarding areas of responsibility which may be affected by such advisory, § 381.00315. Once a public health advisory is deemed necessary the State Health Officer must notify each county health department within the affected area.

Prior to declaring a public health emergency-any occurrence or threat which results or may result in substantial injury or harm to the public health- the State Health Officer, shall, to the extent possible, consult with the Governor and shall notify the Chief of Domestic Security. The declaration of a public health emergency shall continue until the State Health Officer finds that the emergency conditions no longer exist; however, a declaration may not continue for longer than 60 days without the Governor's approval.

- What are the Police powers to quarantine people?

The Florida Statutes specifically give authority to implement quarantine to the Department of Health, the Annex is silent about quarantines as well any plans for implementing social distancing.

Global authorities are split on the effectiveness of social distancing efforts. During the 1957-1958 pandemic, a World Health Organization (WHO) expert panel found the pandemic spread within some countries after public gatherings, such as conferences and festivals. The WHO panel also observed that in many countries the pandemic broke out first in camps, army units, schools and other groups where contact was close.

Additionally, the WHO consultation noted the reduced incidence in rural areas and as a result ultimately suggested that avoiding crowding could reduce the peak incidence of an epidemic and spread it over many, rather than a few, weeks. More specifically, the WHO panel has concluded that authorities should seriously consider introducing population-wide measures to reduce mixing of adults, including the discouragement of mass gatherings and the furlough of non-essential workers as well as those employed in close workplaces.

The WHO also concedes that despite the propensity of influenza epidemics to be amplified in primary schools, data on the effectiveness of school closures is limited.

Apparently, no data or analyses exist for recommending illness thresholds or rates of change that should lead to considering closing or reopening schools. Furthermore, reports from the 1918 influenza pandemic indicate that social-distancing measures did not stop or appear to dramatically reduce transmission. In fact, a comprehensive report on the 1918 pandemic in the United States concluded that closing schools, churches and theaters was not demonstrably effective in urban areas but might be effective in smaller towns and rural districts, where group contacts are less numerous.

The Center for Biosecurity at the University of Pittsburgh Medical Center argues the belief that the cancellation of public gatherings or the imposition of travel restrictions might limit the spread of disease is scientifically unfounded and worse yet has the potential to create false expectations about what can be accomplished by government officials and their proposed containment measures similarly, the UK government apparently refuses to adopt social distancing measures, contending there is not enough evidence to demonstrate efforts such as canceling large public events would have a significant impact on the course of an epidemic.

There is evidence, however, to suggest that social distancing efforts used in conjunction with other preventative measures may prove successful in helping to curb the extent of an influenza outbreak. For example, the WHO reports that during the 2003 SARS epidemic in Hong Kong, influenza and other respiratory viral infections apparently declined due to public health interventions that included closing schools, swimming pools and other public gathering places; canceling sports events; disinfecting taxis, buses and public places; and encouraging people to wear masks in public and wash their hands frequently.

- If we are directed to establish “social distancing” procedures what city public events / meetings could be cancelled and or conducted at a distance or electronically?

It appears that based on findings such as these, response plans developed for the avian influenza, with the exception of the Florida plan, do incorporate social distancing measures. The WHO advocates that, depending on the pandemic phase, social distancing approaches should be implemented including closing of schools, banning of gatherings, etc. in order to minimize chances of exposure.

Proponents of social distancing contend such efforts are most critical during the initial outbreak of infection when public health authorities are attempting to stockpile treatments and vaccines.

The U.S. Department of Health and Human Services also asserts social distancing is vital once a pandemic has begun to spread because quarantine measures are not likely to be effective in controlling the spread once it reaches that phase.

Social distancing is best achieved through technological means. Electronic surrogates can be created for school classes, business meetings and social outings. This simple measure of moving physical gatherings online for a few weeks can eliminate many opportunities for the disease to spread, but only if organizations are prepared to implement these measures on a day's notice.

For example, *Suspending public events where large numbers of people congregate, including sports events, concerts and parades, closing churches, theaters, community centers and other places where large groups gather. Also, closing public and private schools, colleges and universities and encouraging the public to use public transit only for essential travel. Designating selected health care facilities and alternate treatment and triage site to care for suspected influenza patients. Limiting the provision of health care services to patients with urgent and emergent health problems caused more problems.*

Essentially, a balancing test needs to occur that weighs the necessity of protecting the public through focused social distancing means against the impact such measures will have on the affected community's economy, education and access to food, water and other necessities.

There is a notable lack of research available to suggest that state and local governments believe the public health is best protected through social distancing strategies, perhaps due to the largely unquantifiable benefits of such measures.

For example, Toronto did not utilize social distancing strategies during the 2003 SARS outbreak. In fact, the Canadian city was sharply criticized for its general unpreparedness in dealing with the epidemic. According to communicable disease experts, Toronto's hospital system became the main vehicle of transmission. The hospitals did not screen health workers or close family members of SARS suspects. In fact, hospital and emergency services were so overstretched that healthcare workers who were exposed to infection were obliged to remain on the job, returning to work wearing surgical masks and gloves, which proved ineffective for protection against SARS.

Toronto's response efforts were primarily limited to the issuance of compulsory 10-day quarantine orders, which isolated suspected victims from their families and forbid them from going to work. In fact, all residents who had felt flu-like symptoms were urged not to seek medical attention, but rather to voluntarily quarantine themselves.

Additionally, critical, life-saving surgeries were halted for approximately three weeks resulting in unacceptably long surgical waiting lists. Public health emergency response experts however were most critical of Toronto's establishment of only two SARS clinic that were intended to service the region's nearly 5 million residents. Perhaps as a direct result of the international press coverage Toronto received for its inept public health emergency response efforts, many states including Florida, have adopted rather extensive emergency operations plans in anticipation of the avian flu epidemic. As referenced above, although Florida's plan does request the assistance of counties and municipalities in implementing such procedures, it does not require local governments to formulate their own emergency response plans. The Florida Statutes also do not create such a duty for local governments, but instead charges the Florida Department of Health with both declaring a public health emergency and initiating appropriate response procedures, including quarantines.

However, if municipalities, such as the City of Maitland, decide to take a more active role in this regard, they must ensure their efforts are consistent with those adopted by the state.

- What action would be required by the City Council to initiate any declaration of a state of local emergency during a health emergency?

Florida Statutes (2005), the head of the Department of Health is the Secretary of Health and State Health Officer. The secretary, who is appointed by the Governor and subject to confirmation by the Senate, must be a licensed physician who has advanced training or extensive experience in public health administration.

The State Health Officer, pursuant to § 381.003 15, has the authority to subject an individual to quarantine, if said individual poses a danger to the public health. The Department of Health, as conferred by § 381.0011, Florida Statutes (2005), has the authority to declare, enforce, modify and abolish quarantine of persons, animals and premises in order to control communicable diseases.

The Florida Statutes allow municipalities to enact health regulations and ordinances, as long as they are not inconsistent with state public health laws and rules adopted by the Department of Health. § 381.001 Florida Statutes (2005). The rules adopted by the Department of Health, however, supersede all ordinances and regulations enacted by municipalities.

§ 381.0014, Florida Statutes (2005). Furthermore, it is the duty of city and county officials upon request to assist the Department of Health or any of its agents in enforcing the state health laws, § 381.0012, Florida Statutes (2005).

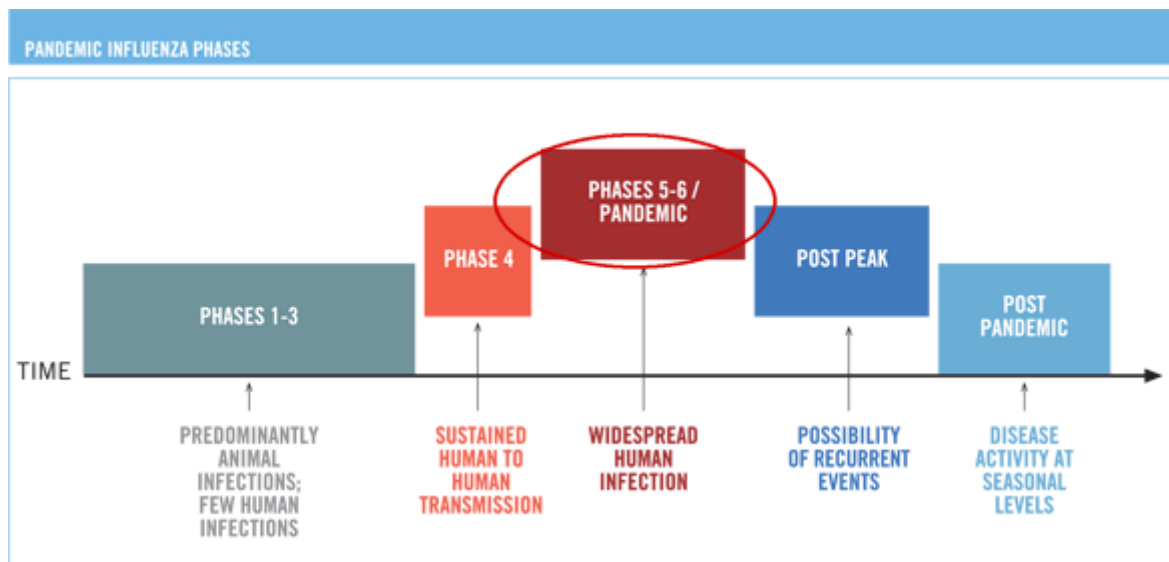
- What responsibilities does the City have to respond to the health needs of the community? Is there a Florida Statute which dictates which agency is responsible for response to a health related emergency?

Pursuant to § 381.00315, Florida Statutes (2005), the State Health Officer is responsible for declaring public health emergencies and issuing public health advisories.

Section 3 - Response

3.1 Community Reaction – A Tiered Response

In the 2009 revision of the phase descriptions, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.



In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in **Phase 1** no viruses circulating among animals have been reported to cause infections in humans.

In **Phase 2** an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does

not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a foregone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**. Designation of this phase will indicate that a global pandemic is under way.

During the **post-peak period**, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature. The CDC predicts that a Pandemic will work across the human population in waves of intensity. Each major wave of infection may last up to eighteen (18) months.

In the **post-pandemic period**, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required

The City of Maitland will follow the WHO pandemic levels as follows:

Phase 1 – 3 (no viruses reported causing human infection)

This is the planning phase. We will gather data, develop plans and monitor the status of pandemic potential worldwide. Much of the global monitoring will be the responsibility of the WHO and the CDC. This process of monitoring the potential of a pandemic health emergency would remain in place for as long as necessary or forever.

Phase 4 (Human to Human transmission of a serious virus such as H1N1 or H5N1 Confirmed Anywhere)

When notification is received that sustained human to human transmission of a serious virus such as H1N1 or H5N1 is occurring anywhere in the world we will raise our plan to Phase 4 status. This indicator will serve to prompt our government to conduct certain procedures and policies to ready the community for a possible infection of this virus. Each City Department should have plans prepared for their staff and operations to deal with the possibilities.

When notification is received that sustained human to human transmission is occurring within the continental United States we will raise our plan to Phase 4 status. At this Phase our Nation is at risk for a rapidly spreading pandemic virus. Our community should exercise all plans intended to prepare government operations for the prevention of the spread of the virus. The duration potential of this phase of activation will be based upon the impacted areas ability to contain the infected. If contained, Phase 4 may actually require more monitoring than reacting. It may also only last several hours or days. If the initial notification of human transmission first occurs in the Southeastern United States we would proceed directly to Phase 4 status.

When notification is received that sustained human to human transmission is occurring within the Southeastern United States we will raise our plan to Phase 5. If human transmission in the United States begins moving rapidly towards Florida through the southeast, as a community we will have to increase our levels of prevention and preparation.

Phase 5-6 (Pandemic Virus Confirmed in Central Florida)

When notification is received that sustained human to human transmission is occurring in locations in central Florida we will raise our plan to Phase 6 status. At this Level we will be fully experiencing the impacts of this health emergency. Full implementation of all preventative measures including social distancing,

telecommuting and other workplace modifications may be taking place. Once human to human transmission takes place in Central Florida we can plan on having to deal with the impact of the events for a period of up to eighteen months. The CDC also indicates that the impact of the emergency may come in waves. People could become infected, become sick, be treated and recover or fail to recover and perish over a short period of time. Public health interventions such as quarantine and social distancing may be necessary during a pandemic to slow the transmission of the disease in the community. Community leaders will play an important role in providing timely and accurate information and updates, and determining appropriate actions to protect the general public.

Post Peak

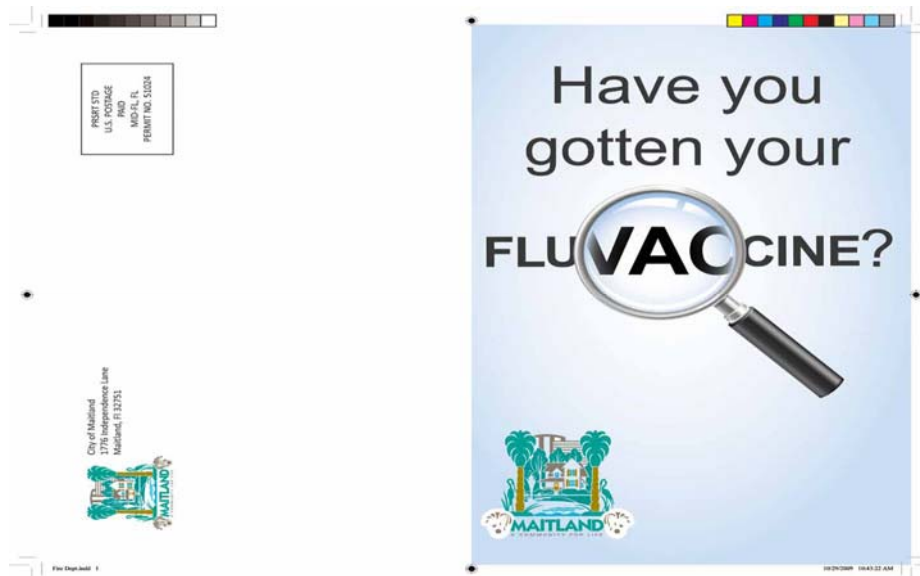
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Post Pandemic

Once the emergency condition passes and a vaccine is created the city will need to “recover” from the impact. Lives will be disjointed, loved ones or coworkers may have died others will remain sick for an extended period of time. The recovery period will actually carry the city back to Phase 1-3 where monitoring will once again take place until the next wave approaches.

3.2 Community Communications

Communications is a critical component of pandemic influenza planning, preparedness and response. When facing a possible pandemic, the City of Maitland will need to maintain confidence in the public health care systems by addressing misinformation and rumors as quickly as possible. The City of Maitland will work to collaborate with the other County, State and Federal Communications partners to ensure that well-coordinated health communications support public health interventions designed to help limit influenza-associated illness and death.



Section 4 - Personnel

4.1 Continuity of City Services

The City of Maitland is responsible for providing services to the 17,000 citizens of Maitland. The potential *Pandemic Influenza*¹ could disrupt the continuity of operations for provision of essential and other community services, including governmental and businesses functions. Should that occur, The Mayor may proclaim a local state of emergency.

The typical “seasonal flu” is separate and apart from a Pandemic Influenza. The affects of a full- scale Pandemic could strike us at anytime. Experts agree that the virus associated with a pandemic such as the H1N1 or H5N1 may impact areas in waves. These waves may last for up to eighteen months at a time. During this period the City will be impacted by the loss of employees who may be ill or have to deal with the effects of the pandemic.

If the virus spreads to central Florida, a cumulative absentee rate of more than 15-40% is expected for up to 6 months at a time. This number includes sick employees, employees who are caring for sick family members and employees who do not come to work for fear of becoming sick. In addition, there may be a significant need for what is referred to as social distancing resulting in a reduction of the number of persons in the workplace. This practice may necessitate that employees complete job tasks while not actually reporting to the workplace.

Emergency staffing and backfill positions will be a primary concern in order to provide essential services to the public. In the event that essential services are adequately staffed, non-essential services may be staffed, to the extent staff is available.

Some City employees are represented by a labor union. In the event that a Pandemic Influenza emergency is proclaimed, the temporary suspension of certain collective bargaining agreement provisions may be necessary.

This plan was drafted so that it can be used immediately. It is meant to compliment departmental operational plans. This manual does not limit department’s authority to make operational decisions related to essential or needed functions.

This plan also provides staffing strategies, tools, advice, and directives that departments should follow in the event that the Mayor proclaims a Pandemic Influenza emergency for the City. Of note is the fact that many human resource

¹ A flu pandemic is a global outbreak the occurs when a new influenza A virus causes serious human illness and spreads easily from person to person

processes may be simplified and the administration of collective bargaining is narrowed in order to meet staffing needs.

The effect of this plan provides no new privilege, right of appeal, right of position, transfer, demotion, promotion nor reinstatement for any City employee contract worker or volunteer. This plan does not constitute an express or implied contract. It provides general guidance that cannot form the basis of a private right of action.

The following represents a summary of several potential issues facing the Human Resources operations of the City in the event of a major health emergency. While all potential situations cannot be anticipated, when these issues are applied to existing City Personnel Policies supervisors will have enough direction to act accordingly realizing that they may need to act alone to resolve a situation not normally faced:

- Essential functions, Lines of Succession and Delegation of Authority plans need to be in place. Departments should identify essential functions and inform employees of the “plan”. Payroll and human resources functions are essential in every department. All management lines of succession should run five to seven employees deep.
- Healthy employees may need to remain at home to care for healthy children or other healthy dependants if schools and daycare facilities are closed. In the City, First Responders are those employees who exercise civil authority and maintain the safety and well being of City residents are required to report to work; essential personnel will need to report to work or have approved telecommuting plans in place. Non-essential employees may use accrued leave time as needed. All employees with school aged children are encouraged to pre-plan for potential school closures.
- Alternative Work Schedules: Normal and alternative work schedules may change with as much notice as possible or as little as 24 hours notice.
- Labor Relations-Emergency Administration: The temporary suspension of certain collective bargaining agreement provisions may be necessary. Most likely, provisions concerning assignment of work, scheduling and notice will be suspended or narrowed as needed.
- Telecommuting: Department Heads need to identify the essential functions of their Departments which may be performed remotely. Employees who are identified as potential telecommuters should be trained and equipped accordingly. Depending upon the circumstances, some non-essential employees may also telecommute. Each Department may want to have a practice session with those employees who have been identified as being approved for telecommuting to ensure all systems and processes work properly.

- **Volunteer Services:** Volunteers may be utilized after the Departments have attempted to staff the functions with existing City employees. Volunteers will comply with City hiring practices. Volunteers will sign a waiver and release to work for the City.
- **Rescission of Approved Personal Leave and Compensatory Time Off:** In order to staff certain city functions it may become necessary to resend previously approved leave time. All employees should be informed that this may occur.
- **Sending Ill Employees Home:** Employees who are symptomatic in the workplace may be sent home and may use any type of accrued leave to cover the absence.
- **Return to Work Authorization:** Medical certifications will not be required but, if an employee who returns to work is symptomatic, the employee may be sent home.
- **Facility Closure/Reduction in Force:** Should the City Manager find it necessary to close facilities, every attempt will be made to re-assign those employees from the closed facilities to an alternate worksite. If an alternative worksite is not an option, the City Manager may send the employees home with pay.
- **Discipline-Conduct Including Unauthorized Absences:** The processing of proposed discipline may need to be placed on hold if management's time is monopolized due to responding to the emergency.

Labor Relations

The Fire Rescue Department currently manages the only employee group within the City with a Collective Bargaining Agreement (CBA). In the event that a major health emergency is proclaimed by the Mayor of Maitland, the events may necessitate the suspension of certain collective bargaining agreement provisions in order to staff and administer the functions of the Fire Department. Provisions should be suspended only when narrowly tailored for the emergency situation.

The Management Rights Article (13) in the current FD CBA allows the City to establish work hours, shifts and assignments. In the event of a community health emergency normal shift assignments may need to be altered in order to properly staff response units. All efforts will be made to maintain a normal staffing rotation.

Managers and supervisors should follow the provisions of collective bargaining agreements to the extent possible, without causing too much difficulty in administering a work unit during the emergency.

Managers and supervisors should provide as much notice to employees as possible, given the circumstances, of any change affecting employees. During the period of the emergency, the City may temporarily **suspend collective bargaining** negotiations and grievance processing.

4.2 School Closures and the Impact on City Operations

To minimize the effect of any disease outbreak, the Local Health Officer for Public Health – Orange County is authorized to order disease control measures that include a broad array of actions. Isolation and quarantine orders and social distancing measures are likely to be used in a pandemic influenza event. In addition to closing large social gatherings, such as sporting events, theater shows, concerts and others, the Local Health Officer may close schools and large day care centers as a social distancing strategy. It is anticipated that this action would occur in coordination with any emergency proclamation that may emanate from the executive.

School and daycare closure is expected to have a significant cascading effect on staff absenteeism in both the private and public sectors. The City must be prepared for a reduction in its staff resulting from healthy parents staying home to take care of healthy children or other healthy dependants.

In the event that this occurs, staff should be informed of expectations, depending upon their department designation as first responders (employees who exercise civil authority and maintain the safety and well-being of City citizens), essential personnel and non-essential personnel. **If schools and daycare centers are closed, employees will not be allowed to bring their children to work.**

First Responders (Police, Fire): must report to work, notwithstanding school and daycare closures. It may become necessary to suspend the use of approved leave during a local health emergency. All first responders should have a family care succession plan in place.

Essential Personnel: should make every effort to report to work in the event of school and daycare closures. It may become necessary to suspend the use of approved personal leave during a local health emergency. All essential personnel should have a family care succession plan in place.

In the event that child and dependent care coverage becomes impossible, arrangements should be made in advance with department management to telecommute. If telecommuting is not an option, the employee may use approved leave, if available. Otherwise, essential employees must report to work.

Non-essential Personnel: all non-essential personnel should make every effort to report to work in the event of school and daycare closures.

All non-essential personnel should have a family care succession plan in place.

In the event that child and dependant care coverage becomes impossible, non-essential personnel may use accrued leave.

4.3 Essential Functions – Lines of Succession and Delegation of Authority

The following section provides guidance and direction to assist all departments, divisions and work units to develop plans for identifying essential functions, lines of management succession and delegation of authority in the event of a Pandemic Influenza emergency.

- Departments should identify the condition or Level of response which activates their plans. For example, the Mayor has proclaimed an emergency; *or* although a City emergency has not been proclaimed, a department head has received authority from the City Manager to activate the plan because the Influenza Pandemic has negatively impacted his or her department.
- Each department should determine all first responder functions, essential functions and non-essential functions; including critical times of year when certain functions must be performed. The discharge of certain essential work may be specific to the time of season, year or month or dependent on other factors directly affecting the function.
- Departments should also predetermine personnel who perform first responder functions, essential functions and non-essential functions and the minimum number of staff necessary to perform each of these functions.
- Departments shall also identify functions that may be suspended while personnel are assigned to more critical roles. Departments should identify the time period that the function can be suspended and the functions that may be done on a less frequent basis than would occur under normal conditions.
- Departments should identify secondary personnel that have the skills and abilities to perform other functions.
- Departments should review and periodically update the list of special skills compiled by the Office of Personnel so that any skills needed may be used in the event other employees cannot perform.

Such personnel may be:

- Employees in the same classification series as those who normally perform the function;
- Employees who have previously performed the work and are currently employed elsewhere within the City; and
- Employees who can be trained either in advance of the need or on-the-job when the need arises.
- Departments should identify other personnel who may be available to perform the essential functions. Such personnel may include retired employees, former employees, temporary workers and contract workers.
- Each department shall predetermine the payroll function as an essential function and shall have a plan of succession and cross-training for the payroll function. There should be *at least* 3 employees, who are trained to perform the payroll function.
- Departments, divisions and work units shall establish a management line of succession plan. A line of succession provides a list of predetermined alternates for key leadership positions in each department, division or work unit.
- The succession plan should be 5 to 7 employees in depth, where possible. The personnel identified for the line of succession should know the operations of the work unit; have the confidence of the principal to act in his or her absence; clearly understand the scope of the powers and duties delegated to him or her; and clearly understand the constraints, if any, of the powers and authorities she or he will be delegated.
- The succession plan should clearly identify the names of designated personnel and their regular titles and how they can be contacted. Departments should consider having all contact information and devices such as phone numbers and email forwarded to the person who assumes the powers and duties of the principal in his/her absence.
- The names and order of succession of designated personnel shall be *communicated* to division and work unit personnel.
- The plan should clearly set forth the powers and duties that will be performed and by whom. The department director shall predetermine the individuals who will have the delegated authority to make decisions and *communicate* to others who those individuals are that will have authority to direct work and schedules in each division.

- If all of the personnel identified for the line of succession are unavailable which may be the case in smaller work units where there is a limited number of leadership personnel, the department should provide for alternate lines of succession that identifies other personnel who can assume the powers and duties outside of the work unit. The line of succession plan should be updated whenever a pertinent staff change occurs.
- Departments should determine if those in the line of succession may need to be cross-trained in advance and provide such training where needed. Advance cross-training for essential functions, *such as the payroll function*, is imperative. The department may provide resources which may be accessed to train employees to perform other functions.
- Departments should construct a method by which those in the line of succession will have access to information and needed items (*i.e.* calendars for employee approved time off, office keys, file cabinet keys, etc.) should they need to take over leadership responsibilities.
- Succession plans shall be documented by divisions and/or work units and forwarded to and approved by the department head. Copies shall be provided by the department director to the City Manager and modified if needed.

4.4 Modified Employee Work Schedule Options

Employee work schedules may be modified during a proclaimed emergency to enhance social distancing, business continuity or other pandemic response goals.

- In addition to regular full-time employees, regular part-time and temporary employees may be required or allowed to work alternative schedules.
- Departments shall review their normal business hours and work schedules to determine if they can or should be modified in a manner that best promotes social distancing, business continuity or other pandemic response goals during an emergency.
- Departments will identify first responder functions, essential functions and non-essential functions that may be staffed with personnel on alternative schedules.
- If feasible, supervisors should first ask for employees to work alternative work hours other than their normal schedule before enforcing the alternative work schedule. Where certain work schedules cannot be staffed, department management may direct staff to work the schedules necessary.

- Regular work schedules may be changed by a supervisor subject to a 24 hour cancellation notice, when possible, upon the proclamation of a localized pandemic emergency depending on the severity of illness associated. If less than a 24 hour notice is necessary or available, department management may make such changes as needed to cover operations.
- Alternative work schedules may be changed by a supervisor subject to a 24 hour cancellation notice upon the declaration of a pandemic emergency, when possible. If less than a 24 hour notice is necessary, department management may make such changes as needed to cover operations.
- Departments are encouraged to work with staff to minimize the impacts of decisions affecting schedule changes. Rest and meal period requirements continue no matter what type of work schedule is assigned. Overtime is probable and should be expected.
- Alternative work schedules may be processed via email, fax or telephone. Approved schedules shall also be formally documented. Such documentation should occur within one week of the start of an alternative schedule or as soon as practicable thereafter. A supervisor may document the change via email, memorandum or fax. See alternative Schedule Agreement form.
- A sample email memorandum to request alternative work schedules is found in the Appendix of this document.

4.5-1 Telecommuting

Upon direction from the health department in response to a confirmed local health emergency and social distancing is recommended as a means of prevention, it may be necessary to have those employees who can to work from an alternative location. Telecommuting implies that an employee work one or more days each work week from home instead of commuting to his or her centrally located worksite. Telecommuting is not appropriate for all employees and no employee is entitled or guaranteed the opportunity to telecommute.

The purpose of modifying the existing personnel policy regarding work location is to provide for social distancing in response to a local health emergency. Any modifications apply only to recognized health emergency responses for employees that have been identified as appropriate personnel for telecommuting. All Departments should identify possible telecommuters as soon as possible and make the necessary technological arrangements needed for them to perform electronic work at home.

The following information should be used by each department to help establish their Telecommuting program:

- Departments should consider a broader use of telecommuting than they would for normal operations or other types of emergencies to accomplish social distancing for a health emergency.
- Departments should identify essential functions that may be accomplished remotely and whether the person performing the function needs access to all systems and applications or only email and/or voice communications.
- Departments shall identify employees who are qualified for the provision of essential functions and determine their ability to telecommute and their current capacities (*i.e.*, who already have Virtual Private Network - VPN). As part of the plan for the procedure, provide either VPN or instructions in advance of the emergency to employees performing functions that require access to systems and applications. Departments can also consider alternative work schedules for those authorized to telecommute to reduce peak demands on the Information Technology system. All non-exempt employees will be required to keep a time log of duties performed and complete a timesheet at the end of each day.
- Employees authorized for telecommuting may be allowed to provide limited dependant/child care during a health emergency *if* providing care does not impact the ability of the employee to accomplish assigned tasks at home.
- Departments should consider having a laptop computer that is pre-loaded with the VPN software which may be checked out on an emergent basis by employees who do not already have the necessary equipment to telecommute. Equipment is limited and all employees allowed to telecommute should not expect to be provided a laptop by the City.

Telecommuting assignments may be processed via email or telephone. Supervisors may require that an employee telecommute during a Pandemic Influenza emergency. A requirement to telecommute shall be documented. Such documentation should occur within one week of the start of the directive to telecommute or as soon as practicable thereafter. A supervisor may document the change via email, memorandum, fax or other documented method. A sample email/memorandum requiring telecommuting is included at the end of this document in the Appendix section.

Employees may initiate a telecommuting arrangement by submitting a written Telecommute Request form to their immediate supervisor. Telecommuting assignments may be approved by the Department Head for set period of time. If the request is denied, the employee need not be provided with a written explanation of why the request has been denied. The Telecommuting form is included in the Appendix of this document.

4.5-2 Special Duty Assignments

A special duty assignment is defined as a temporary assignment of an employee to a different job responsibility. Special duty assignments may be made by the City Manager or Department Director.

4.5-3 Classifying Employee Exposure to Pandemic Influenza at Work

According to the *Occupational Safety and Health Administration*, employee risks of occupational exposure to influenza during a pandemic may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on whether or not jobs require close proximity to people potentially infected with the pandemic influenza virus, or whether they are required to have either repeated or extended contact with known or suspected sources of pandemic influenza virus such as co-workers, the general public, outpatients, school children or other such individuals or groups.

- *Very high exposure risk* occupations are those with high potential exposure to high concentrations of known or suspected sources of pandemic influenza during specific medical or laboratory procedures.
- *High exposure risk* occupations are those with high potential for exposure to known or suspected sources of pandemic influenza virus.
- *Medium exposure risk* occupations include jobs that require frequent, close contact (within 6 feet) exposures to known or suspected sources of pandemic influenza virus such as coworkers, the general public, outpatients, school children or other such individuals or groups.
- *Lower exposure risk (caution)* occupations are those that do not require contact with people known to be infected with the pandemic virus, nor frequent close contact (within 6 feet) with the public. Even at lower risk levels, however, employers should be cautious and develop preparedness plans to minimize employee infections.

Employees who work with critical infrastructure and key resource employees such as Fire/EMS, law enforcement, or public utility employees may consider upgrading protective measures for these employees beyond what would be suggested by their exposure risk due to the necessity of such services for the functioning of society as well as the potential difficulties in replacing them during a pandemic. For example Firefighters and Paramedics who will be front line providers of medical treatment to the community will be required to wear certain PPE (Hepa Filtration Masks, gowns, etc.)

To help employers determine appropriate work practices and precautions, OSHA has suggested that employers divided workplaces and work operations into four risk

zones, according to the likelihood of employees' occupational exposure to pandemic influenza. We show these zones in the shape of a pyramid to represent how the risk will likely be distributed (see chart 1.4). The vast majority of our workplaces in Maitland are likely to be in the medium exposure risk or lower exposure risk (caution) groups.



Chart 4.4-1 OSHA Workplace Risk Factor Zones

4.5-4 Personal Protection for Transmission of Flu Viruses

Protecting employees from transmission of a virus will depend on emphasizing proper hygiene (disinfecting hands and surfaces) and practicing social distancing. Social distancing means reducing the frequency, proximity, and duration of contact between people (both employees and customers) to reduce the chances of spreading pandemic influenza from person-to-person.

All employers should implement good hygiene and infection control practices.

Occupational safety and health professionals use a framework called the "hierarchy of controls" to select ways of dealing with workplace hazards. The hierarchy of controls prioritizes intervention strategies based on the premise that the best way to control a hazard is to systematically remove it from the workplace, rather than relying on employees to reduce their exposure. In the setting of a pandemic, this hierarchy should be used in concert with current public health recommendations. The types of measures that may be used to protect yourself, your employees, and your customers (listed from most effective to least effective) are:

- engineering controls
- administrative controls
- work practices
- personal protective equipment (PPE).

Most employers will use a combination of control methods. There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. For example, hygiene and social distancing can be implemented relatively easily and with little expense, but this control method requires employees to modify and maintain their behavior, which may be difficult to sustain. On the other hand, installing clear plastic barriers or a drive-through window will be more expensive and take a longer time to implement, although in the long run may be more effective at preventing transmission during a pandemic. Employers must evaluate their particular workplace to develop a plan for protecting their employees that may combine both immediate actions as well as longer term solutions.

Work Practice and Engineering Controls

Historically, infection control professionals have relied on personal protective equipment like as surgical masks and gloves to serve as a physical barrier in order to prevent the transmission of an infectious disease from one person to another. This



reflects the fact that close interactions with infectious patients is an unavoidable part of many healthcare occupations. The principles of industrial hygiene demonstrate that work practice controls and

engineering controls can also serve as barriers to transmission and are less reliant on employee behavior to provide protection. Work practice controls are procedures for safe and proper work that are used to reduce the duration, frequency or intensity of exposure to a hazard. When defining safe work practice controls, it is a good idea to ask your employees for their suggestions, since they have firsthand experience with the tasks.

These controls should be understood and followed by managers, supervisors and employees. When work practice controls are insufficient to protect employees, some employers may also need engineering controls.

Engineering Controls involve making changes to the work environment to reduce work-related hazards. These types of controls are preferred over all others because

they make permanent changes that reduce exposure to hazards and do not rely on employee or customer behavior.

By reducing a hazard in the workplace, engineering controls can be the most cost-effective solutions for employers to implement. During a pandemic, engineering controls may be effective in reducing exposure to some sources of pandemic influenza and not others.

Administrative Controls - Administrative controls include controlling employees' exposure by scheduling their work tasks in ways that minimize their exposure levels.

Examples of administrative controls could include:

- Developing policies that encourage ill employees to stay at home without fear of any reprisals.
- The discontinuation of unessential travel to locations with high illness transmission rates.
- Consider practices to minimize face-to-face contact between employees such as e-mail, websites and teleconferences. Where possible, encourage flexible work arrangements such as telecommuting or flexible work hours to reduce the number of your employees who must be at work at one time or in one specific location.
- Developing emergency communications plans. Maintain a forum for answering employees' concerns. Develop a more robust inter or intranet based communications network.

Personal Protective Equipment (PPE) - While administrative and engineering controls and proper work practices are considered to be more effective in minimizing exposure to the influenza virus, the use of PPE may also be indicated during certain exposures. If used correctly, PPE can help prevent some exposures; however, they should not take the place of other prevention interventions, such as engineering controls, cough etiquette, and hand hygiene.

Examples of personal protective equipment are gloves, goggles, face shields, surgical masks, and respirators (for example, N-95). It is important that personal protective equipment be:

- Selected based upon the hazard to the employee;
- Properly fitted and some must be periodically refitted (e.g., respirators);
- Conscientiously and properly worn;

- Regularly maintained and replaced, as necessary;
- Properly removed and disposed of to avoid contamination of self, others or the environment.

The City is obligated to provide employees with protective gear needed to keep them safe while performing their jobs. The types of PPE recommended for pandemic influenza will be based on the risk of contracting influenza while working and the availability of PPE and the recommendations of the CDC.

Those employees directly responsible for the treatment of patients or who may come in direct contact with potentially ill individuals should adhere to the guidelines put in place by their respective departments. Fire Rescue for example, has adopted a specific Standard Operating Guideline and Infection Control Program for employee PPE and patient care.

The Difference between a Surgical Mask and a Respirator

It is important that our employees understand the significant differences between these types of personal protective equipment. The decision on whether or not to require an employees to use either surgical/procedure masks or respirators must be based upon a hazard analysis of the employees' specific work environment and the differing protective properties of each type of personal protective equipment.

The use of surgical masks or respirators is one component of infection control practices that may reduce transmission between infected and non-infected persons.

It should be noted that there is limited information on the use of surgical masks for the control of a pandemic in settings where there is no identified source of infection.

There is no information on respirator use in such scenarios since modern respirators did not exist during the last pandemic. However, respirators are now routinely used to protect employees against occupational hazards, including biological hazards such as tuberculosis, anthrax, and Hantavirus. The effectiveness of surgical masks and respirators has been inferred on the basis of the mode of influenza transmission, particle size, and professional judgment.

To offer protection, both surgical masks and respirators must be worn correctly and consistently throughout the time they are being used. If used properly, surgical masks and respirators both have a role in preventing different types of exposures. During an influenza pandemic, surgical masks and respirators should be used in conjunction with interventions that are known to prevent the spread of infection, such as respiratory etiquette, hand hygiene, and avoidance of large gatherings.

Surgical Masks - Surgical masks are used as a physical barrier to protect employees from hazards such as splashes of large droplets of blood or body fluids.

Surgical masks also prevent contamination by trapping large particles of body fluids that may contain bacteria or viruses when they are expelled by the wearer, thus protecting other people against infection from the person wearing the surgical mask.

Surgical/procedure masks are used for several different purposes, including the following:

- Placed on sick people to limit the spread of infectious respiratory secretions to others
- Worn by healthcare providers to prevent accidental contamination of patients' wounds by the organisms normally present in mucus and saliva.
- Worn by employees to protect themselves from splashes or sprays of blood or body fluids; they may also have the effect of keeping contaminated fingers/hands away from the mouth and nose.

Surgical masks are not designed or certified to prevent the inhalation of small airborne contaminants. These small airborne contaminants are too little to see with the naked eye but may still be capable of causing infection.

Surgical/procedure masks are not designed to seal tightly against the user's face. During inhalation, much of the potentially contaminated air passes through gaps between the face and the surgical mask, thus avoiding being pulled through the material of the mask and losing any filtration that it may provide. Their ability to filter small particles varies significantly based upon the type of material used to make the surgical mask, and so they cannot be relied upon to protect employees against airborne infectious agents.

Only surgical masks that are cleared by the U.S. Food and Drug Administration and legally marketed in the United States have been tested for their ability to resist blood and body fluids.

Respirators - Respirators are designed to reduce an employee's exposure to airborne contaminants. Respirators are designed to fit the face and to provide a tight seal between the respirator's edge and the face. A proper seal between the user's face and the respirator forces inhaled air to be pulled through the respirator's filter material and not through gaps between the face and respirator. Respirators must be used in the context of a comprehensive respiratory protection program. It is important to medically evaluate employees to assure that they can perform work tasks while wearing a respirator. Medical evaluation can be as simple as a questionnaire (found in Appendix C of OSHA's Respiratory Protection standard, 29 CFR 1910.134). Departments who have never before needed to consider a respiratory protection plan should note that it can take time to choose a respirator to provide to employees and to arrange for a qualified trainer and provide training, fit testing, and medical evaluation for their employees. If individual Departments or Divisions wait until an influenza pandemic actually arrives, they may be unable to provide an adequate respiratory protection program in a timely manner.

Types of Respirators

Respirators can be air supplying (e.g., the self-contained breathing apparatus worn by firefighters) or air purifying (e.g., a gas mask that filters hazards from the air). Most employees affected by pandemic influenza who are deemed to need a respirator to minimize the likelihood of exposure to the pandemic influenza virus in the workplace will use some type of air purifying respirator. They are also known as "particulate respirators" because they protect by filtering particles out of the air as you breathe. These respirators protect only against particles-not gases or vapors. Since airborne biological agents such as bacteria or viruses are particles, they can be filtered by particulate respirators.

If you are directed by your supervisors to wear either a mask or respirator as a result of the community's response to a health emergency, please make yourself completely familiar with the limitations of your job with these devices in place.

Note: Additional respirator and surgical mask guidance for healthcare workers have been developed and are available at www.pandemicflu.gov/plan/healthcare/maskguidancehc.html. This document, "Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Health Care Settings during an Influenza Pandemic," provides details on the differences between a surgical mask and a respirator, the state of science regarding influenza transmission, and the rationale for determining the appropriate protective device.

4.5-5 Recession of Personal, Vacation or Compensatory Leave Privileges

Because a widespread local health emergency may cause significant staffing shortages, previously approved personal, vacation or compensatory time off may be rescinded in order to provide staffing coverage for city services. The ability to rescind previously approved leave and compensatory time off currently exists in the event of business need.

Directors, managers and supervisors should note the following:

- Managers and supervisors should keep an updated calendar of all approved time off and provide access of that calendar to those in their line of succession.
- Personal leave or compensatory time off should only be rescinded where the supervisor is unable to adequately staff a work unit or project.
- Personal leave or compensatory time off should be rescinded as soon as the supervisor believes that a potential staffing shortage will require that the employee report to work.

- Prior to rescinding previously approved leave or compensatory time off, the supervisor should attempt to staff the unit or project through other available means *i.e.*, seek available staff to volunteer for the work or staff with other available employees or contract workers, providing the City's hiring processes have been completed, unless the City Manager has approved otherwise.
- Rescission of an employee's leave which is already in progress shall be reasonably based upon the employee's ability to report to work. For example, it would be reasonable to require that an employee who is on leave at home report to work but unreasonable to require that an employee who is on vacation out of the area to report to work.

When rescinding time off, the supervisor shall have actual contact with the employee to ensure that the employee received the directive to report to duty. Rescission of approved leave should be made in writing, if possible.

For example, an email exchange between the employee and the supervisor or a letter from the supervisor to the employee in which the employee acknowledges receipt is acceptable contact; a message left on an employee's home telephone message recorder is not an acceptable contact, unless the message was left and employee returned the call acknowledging the directive.

While employees who have accrued compensatory time off have a right to use it within a reasonable time of their request, such may not be the case in the event of an emergency, such as the Pandemic Influenza, where an employee's absence would disrupt City business operations.

4.5-6 Sending Ill Employees Home

During a widespread local health emergency if an employee appears to be experiencing symptoms of serious or declared illness while at the workplace, supervisors have the authority to require the employee to leave.

As a safety consideration, management should look to the physical well-being of its employees and whether the health of fellow employees is endangered by the health of an ill employee being at work. Such is the case where an employee is exhibiting symptoms of the flu because an ill employee may endanger the health of fellow employees.

Supervisors should first seek the approval of their manager or director prior to sending an ill employee home.

Supervisors are not to make judgments as to medical diagnosis but may rely on observations of an employee's symptoms or solicit Fire/Rescue personnel for their

knowledge in this area to make a determination to send an employee who appears ill home.

Symptoms of the flu may be:

- Fever
- Cough
- Sore throat
- Muscle aches
- Nausea/Vomiting/Diarrhea

Family Medical and Medical Absence Leave Use:

City of Maitland employees may use medical leave pursuant to their current rights under:

- Family Medical Leave Act (FMLA) 29 CFR
- City of Maitland Personnel Policy Manual

During the Pandemic Influenza emergency, the necessity for supporting employees seeking medical assistance will be crucial.

4.5-7 Returning from Leave Related to Exposure to the Influenza Virus

In the event the Mayor declares a Pandemic Influenza emergency, the following procedures will be in effect for the duration of the emergency.

Returning from Leave: In the event that an employee is ready to return to work from a leave the following procedures shall apply:

- The employee who is ready to return from leave shall contact his/her supervisor (or a person acting in his/her capacity) for instructions on when and where the employee should return for assignment. Contact shall be made in the manner deemed appropriate by the individual Department Head.
- The supervisor shall inform the employee as to whether or not the employee's return to work is authorized. If a return to work is not authorized, the supervisor will be required to provide an explanation and what the employee will need to accomplish prior to returning to work. If the return is authorized the employee should be informed of his/her work location or whether the employee will be assigned to work from a remote location or be asked to telecommute.

- In administering a return to work, medical certifications may not be required.
- After the emergency, the requirements for the employee to provide a medical release/return to work verification form from a health care professional will be restored to normal procedures.

- **4.5-8 Facility Closures – Reduction in Force**

Administrative offices of the City of Maitland will remain open during emergency situations that do not pose an immediate life, health, or safety risk to its occupants unless directed otherwise by the City Manager or the respective department director.

Because of potential staffing shortages, employees may be reassigned to a different location to provide support for varied city operations in alternative worksites and should expect to come to work.

In the case of closure of specific offices, employees may be assigned to other duties. If no other duties are available the employee may be sent home. Should employees be sent home, payment of wages to employees will be made as follows:

If a facility is closed by order of the City Manager and no alternative site is designated for the employee to report to, regular, and part-time employees scheduled to work will be paid, providing the employee contacts his/her supervisor the day before each workday to ensure they are not to report to work. If the employee does not call the day before the workday, they may be subject to leave without pay and disciplinary action.

If the shutdown extends for more than one week, the status of displaced workers may be reviewed by the City Manager to determine what course of action is needed.

Employees who, prior to a facility closure, have previously requested and have been approved for time off will have hours deducted from their accruals as approved in accordance with established policies.

All other classified employees will be paid only for hours actually worked.

Employees who are unable to report to work will have their time charged to personal leave or leave without pay unless the City Manager or designee determines that regular pay is warranted and waives the charging of the time missed.

If the facility closes after the start of an employee's shift, employees who are scheduled to report to work but do not report to work and do not contact the supervisor or designee prior to a facility closure are considered to have been absent without leave and may be subject to leave without pay for the full day. However, the supervisor may at his or her discretion authorize the use of personal leave or compensatory time for the absence as individual circumstances warrant.

When a department director ceases operations in his or her department during the work day or orders employees to leave the premises because of safety concerns, employees may be assigned an alternate work site or be sent home. If the employee is sent home, the employee will receive regular pay for the normally scheduled work day. All employees that are sent home will be required to contact his or her supervisor the day before their next shift to ensure they are not to report to work. If the employee fails to call the day before their next shift, they may be subject to leave without pay and disciplinary action.

Departments should make every reasonable effort to allow employees who have reported to work to check on the status of their families, providing that doing so does not compromise emergency response functions.

4.5-9 Discipline – Conduct Including Unauthorized Absences

The City of Maitland's commitment to public service will be the cornerstone to holding the function of our community together. In order to fulfill service to the public, all able employees are expected to report to work and perform their job duties, unless directed otherwise. Held to the highest standards is first responders -- those are employees who exercise civil authority and maintain the safety and well-being of City residents.

Unfortunately, there may be occasions during the emergency when employee misconduct or unexcused absenteeism arise and need to be addressed. In some cases, that will mean that discipline is appropriate.

Disciplinary Action, in General: The type and level of disciplinary action will be determined by the nature and severity of the behavior and/or performance deficiency that led to the disciplinary action.

Prior to proposing or implementing disciplinary action, managers and supervisors should first consult the Human Resources Manager and/or the City Manager to assist the department in a review of pertinent facts and decisions regarding when and if to process disciplinary action.

- Any suspension or termination disciplinary proposal will follow normal city policy.

- Processing of disciplinary proposals of employees who are alleged to have engaged in misconduct may be placed on hold pending the City's return to normal business operations. Administrative leave, with the City Manager's approval, remains available for departments to utilize when departments determine that an employee should not return to work pending the outcome of the disciplinary process.

Disciplinary Action for Unauthorized Absences: An unauthorized absence means the absence of an employee from duty without specific authorization. Authorization is obtained via the notification and approval method prescribed by the department. Certain unauthorized absences during a Pandemic Influenza emergency may result in a reduction in pay and/or disciplinary action, up to and including termination.

Pay & Compensation

- **Hourly employees** who are not exempt from the overtime provisions of the Fair Labor Standards Act (FLSA) may not be paid for any time that they are absent from work without approved leave.
- Employees who are **exempt** from the overtime provisions of the Fair Labor Standards Act (FLSA) may not be paid for any full work day that they are absent from work without approved leave.

Disciplinary Action

- **Hourly employees** may be subject to discipline, up to and including termination, for an unauthorized absence, the level of severity of which shall be dependent upon the length of the absence and whether they have been designated as a *first responder*.
- Processing of disciplinary proposals for employees who are alleged to be absent without approved leave may be placed on hold pending the City's return to normal business operations. Administrative leave remains available for departments, with the City Manager's approval, to utilize when departments determine that an employee should not return to work pending the outcome of the disciplinary process.
- Mitigating circumstances underlying the unauthorized absence may be taken into consideration in any analysis of disciplinary action proposals, including termination. Incidents will be reviewed on a case-by-case basis.
- Should an employee's unauthorized absences from work for a period of three consecutive days be sustained and no compelling mitigating circumstances exist, such may be considered as abandonment of the employee's position with

the City. An employee who abandons his or her position may be deemed to have quit without notice.

- All disciplinary actions will be administered in accordance with City Policies.

4.5-10 Vaccine and Antivirals Delivery

In the event of influenza pandemic which affects the United States and the Central Florida Region, vaccine and antiviral medication delivery may or may not be available to prevent and treat any patients. The City of Maitland will coordinate with the State of Florida and the Orange County Department of Health to prioritize groups including numerical estimates for the receipt of vaccine and antivirals is being identified according to federal guidelines and are subject to change based on the availability of pharmaceuticals.

Plans for dispensing pharmaceuticals and mass vaccinations are included in the overall Orange County Health Department Pandemic Plan. The Orange County Health Department is in the process of developing a comprehensive method for distributing of any pharmaceuticals on a county-wide basis, including the City of Maitland. The City of Maitland is not responsible for this important process and will be coordinating all related activities with the Orange County Health Department.

4.5-11 Using Community Volunteers to Fill Vacancies

Maitland is a very giving community. Our residents and businesses will want to give support to the operations of the community and government. We need to ensure a system is in place for accepting the help of these volunteers. This system needs to address the abilities of the volunteers as well as completing any City required forms and documents prior to performing any services. Credentialing of volunteers is critical to a safe effective operation.

During a Pandemic Influenza emergency, departments may wish to utilize the services of volunteers. Generally, volunteers are individuals who perform hours of service for the City for civic, charitable or humanitarian reasons. Departments should first attempt to utilize qualified City employees to perform needed work and then look to volunteers.

- Departments should identify areas where volunteers might be utilized in advance and identify the type of skills that volunteers will need to be useful in that area. A list of possible volunteers and their skills should be maintained by each department for use in any emergency, while working with Personnel to ensure all processes are performed.
- Departments may be contacted by individuals who want to volunteer but are not needed or do not possess the needed skills.

- Departments should preplan on how to communicate to such individuals that their offer to volunteer is appreciated but that the department cannot utilize their services.
- Departments may include as volunteers any individual who volunteers to perform services for the department if the following conditions are met:
 - The individual receives no compensation or is paid expenses, reasonable benefits, or a nominal fee to perform the services for which the individual volunteered. The individual must perform services without any kind of promise or expectation or receipt of compensation for the services rendered.
 - Such services are not the same type of services which the individual, not an employee, is employed to perform for the City. Individuals may not volunteer to do what they are otherwise paid by the City to do.

The volunteer must sign a waiver and release prior to performing volunteer services.

Section 5 – City Department Planning

5.1 Department Pre-Planning Checklists

Determine Critical Functions and Personnel

- Predetermine personnel who perform first responder functions
- .. Predetermine personnel who perform essential functions
- .. Predetermine personnel who perform non-essential functions
- .. Identify functions that may be suspended while personnel are assigned to more critical roles
- .. Identify secondary personnel who have the skills and abilities to perform other functions
- .. Identify other personnel, such as retired employees, former employees, temporary workers, and contract workers, who may be available to perform essential functions
- .. Identify potential volunteers who have the skills to perform needed departmental functions

Succession Planning

- .. predetermine the payroll function as an essential function and have at least 3 employees cross-trained for the payroll function
- .. predetermine the human resources management function as an essential function and have at least 3 employees cross-trained for the human resources management function
- .. Establish and identify a 5 to 7 employee management line of succession plan which lists predetermined alternates for key leadership positions in each department, division or work unit
- .. Predetermine the individuals who will have the delegated authority to make decisions and *communicate* that succession plan to division and work unit personnel
- .. Provide for alternate lines of succession

- .. Provide for access to information and needed items to those in the line of succession (*i.e.* computer passwords, office keys, file cabinet keys, etc.)
- .. Forward document succession plans to the department head.

Review Business Hours, Work Schedules and Mode of Service Delivery

- Review business hours and work schedules to determine if they can be modified in a manner that best promotes social distancing, business continuity or other pandemic response goals during an emergency
- .. Identify essential functions that may be accomplished via telecommuting and whether the function needs access to all systems and applications or only email and/or voice communications
- Identify technical planning methods such as the World-Wide-Web, Virtual Private Network, Instant Messenger and teleconferencing to be implemented prior to a Pandemic Influenza emergency

Develop a Communications Plan

- Communicate with employees about the threat of a Pandemic Influenza emergency, and describe the steps they are taking to prepare for it such as:
 - Potential changes to personnel policies located in this manual
 - Changes in business culture which may include social distancing, increase in telecommuting, or suspension of non-essential functions
 - The importance of staying home if employees are ill or have influenza symptoms
- .. Distribute practical information on maintaining a healthy work environment
- .. Update employee emergency contact information
- .. Identify key internal and external stakeholders and the methods that will be used to communicate with them
- .. Communicate to labor unions and employees that certain provisions of their respective collective bargaining agreement may be suspended such as:
 - Use of employees outside of the bargaining unit to perform the work
 - Previously approved vacation, compensatory time, leave of absences may be rescinded with minimal notice
 - Employees may be required to report for work with minimal notice

- Employees' work schedules and/or hours of work may change with minimal notice
- Employees may be required to telecommute with minimal notice
- Employees may be assigned overtime with minimal notice
- Employees may be assigned special duty with minimal notice
- Employees may be assigned to other work units with minimal notice

Conclusions

Local preparedness is the foundation of pandemic readiness. The threat of an influenza pandemic is one of the most important health threats that we face today. Through the solid leadership of the City of Maitland Council, we will continue to work together to meet this challenge.

Protecting our work force, providing continued service and stabilizing the community will remain our priorities during a pandemic event. The key to success is communications, both internally and externally with our residents, businesses and partners.

Utilization of the National Response Plan and Incident Management System as well as the Incident Command System is vital to proper management of a pandemic health emergency. Maitland will be a partner in a unified command structure with our Federal, State and local health agencies. We need to train and be prepared to interact on an equal basis with these agencies so that time and resources are best used to respond to the needs of the community.

The keys to success are seen as:

- Preparation and Training
 - Education to the risk
 - Prevention of transmission
 - PPE
- Communication
 - Internally with our employees
 - Externally with our community
- Pro-action not re-action
 - Action Plan
- Remaining Calm
 - Leadership in times of crisis

Each department is now responsible for taking this information and applying it to their particular services. Thought needs to be given as to how a pandemic will impact each operation of the city. Citizens will expect services. Police, Fire and other city government operations will be expected to maintain throughout the events.

Operating with today's expectations without 15 to 40% of our workers may be impossible. The community needs to know now what to do, what to expect and how to react to prevent panic and undo spread of the virus.

The *City of Maitland Pandemic Influenza Preparedness and Response Plan* is a living document. As more information evolves on this particular influenza strain and its potential to become a pandemic, the plan is subject to improvement and change as we continue to develop better strategies and practices.

APPENDIX "A"

Alternative Work Schedule Assignment Form

From: Department Director / Division Chief
Sent: Date
To: [employee's name]
Subject: Alternative Work Schedule during a Pandemic Influenza Emergency

Please be advised that effective (date) and continuing until approximately (date) I am assigning you to an alternative schedule on the following days and times:

Fixed Flex Compressed 4/40 Compressed 9/80 Compressed Other

Work Schedule (Two Week Period)

WEEK ONE	MON	TUE	WED	THU	FRI	SAT	SUN
Start Time	_____	_____	_____	_____	_____	_____	_____
Stop Time	_____	_____	_____	_____	_____	_____	_____
Length of Lunch Break	—	—	—	—	—	—	—
Total Hours Worked	_____	_____	_____	_____	_____	_____	_____
WEEK TWO	MON	TUE	WED	THU	FRI	SAT	SUN
Start Time	_____	_____	_____	_____	_____	_____	_____
Stop Time	_____	_____	_____	_____	_____	_____	_____
Length of Lunch Break	—	—	—	—	—	—	—

Your meal break is from ___ a.m. to ___ p.m. each day and be sure to take your rest breaks.

(For OT eligible employees: You may also be required to work overtime.)

Thank you for your assistance during this difficult time.

I certify that I have read, received a copy, and understand that I will be required to follow all rules associated with this alternate work schedule. Should I have any questions, I am to address them with my supervisor immediately.

Employee's Signature

Date

cc: Supervisor
Personnel
Department payroll staff

APPENDIX “B”

Sample Telecommuting Assignment Form

From: Department Director/ Division Chief
Sent: Date
To: [employee’s name]
Subject: Assignment to Telecommute During Pandemic Influenza Emergency

Please be advised that effective (*date*) and continuing until approximately (*date*) I am assigning you to telecommute on the following days and times:

[Monday through Friday] from ____ a.m. to ____ p.m.

Your meal break is from ____ a.m. to ____ p.m. each day and be sure to take your rest breaks. Your approximate voicemail message call-in times are: _____

Please be advised that you may be called to work at (*worksite*) on your regular telecommute day during your regular work hours to meet workload requirements. (*For OT eligible employees: You may also be required to work overtime.*)

Please note the following:

- Telecommuting equipment and services expenses, such as an additional telephone line or software, must be approved in advance by (*your immediate supervisor*). If any equipment or services have been pre-approved, the expenses will be paid or reimbursed.
- You may not use any City equipment for private purposes, nor allow family members’ or friends’ access to that equipment.
- You shall promptly return all City-owned equipment and data documents when requested by (*your immediate supervisor*).
- You must follow all software licensing provisions agreed to by the City.
- The City of Maitland may pursue recovery from you for any City property deliberately or negligently damaged or destroyed while in your care, custody and control.
- The City is not responsible for the private property that you use, lose or destroy.
- You may not meet with customers or clients in your home. Meetings should be scheduled in the office.

Thank you for your assistance during this difficult time.

I certify that I have read, received a copy, and understand that I will be required to follow all rules associated with my telecommuting work schedule. Should I have any questions, I am to address them with my supervisor immediately.

Employee’s Signature Date

cc: Supervisor
Personnel Manager
Department payroll staff
Management Services Director

APPENDIX "C"
City of Maitland Personnel Telecommuting Form

(Employee must submit this form to their immediate supervisor for consideration.)

Name: _____
 Office phone: _____
 Home phone: _____
 Supervisor: _____
 Office phone: _____

Proposed Schedule:

- 1) Telecommuting Days: MON __ TUE __ WED __ THU __ FRI __ VARIABLE __
- 2) How many days a month do you expect to telecommute? _____ Days
- 3) Telecommuting day Schedule:
 Start _____ a.m. /p.m. End _____ a.m. /p.m.
 Lunch starts _____ a.m. /p.m. Lunch ends _____ a.m. /p.m.
- 4) What hours could you be reached at home: _____ to _____

(Note: If you have one phone line and will be working on-line, what hours will you be available at home?)

Tasks:

What functions or types of tasks will you be doing at home? (*i.e.*, data entry, word processing, etc.)

Equipment:

Place a check by the following equipment or services that you will need to telecommute. For each item needed to Telecommute please indicate whether you plan on providing the equipment or if you expect the City to supply it for you.

ITEM:	PROVIDED BY SELF	PROVIDED BY CITY	NA
Second telephone line			
Telephone answering machine			
Residential voice mail			
Computer			
Computer surge protection			
Software used at office (specify)			
Printer			
Modem			
FAX machine			
Remote access to the City network			

City of Maitland Employee Telecommuting Agreement

These conditions for telecommuting must be agreed to by the employee and department director.

My telecommuting arrangement will begin on (effective date): _____ and end on _____ (agreement shall not exceed 12 months).

I will work at the following location:

I will telecommute _____ days per week. Specific weekly schedule will be:

My telecommuting work hours will be from _____ a.m. to _____ p.m. (Meal breaks from _____ a.m./p.m. to _____ a.m./p.m.)

I agree to call the office or my voice-mail to obtain messages at least _____ times per day while working at home/remote location (or agree to forward my office phone line to my telecommute location when I telecommute).

Approximate voicemail message call-in times: _____

I will be using the following City-owned equipment at the work location shown above and understand that I am responsible for said equipment, as stated in the City’s Telecommuting policy:

I understand and agree to the job assignments or tasks to be completed under my telecommuting arrangement with my supervisor. (Supervisors may attach a specific written statement of job assignments and additional expectations if desired.)

Telecommuting equipment and services expenses (such as an additional telephone line or software) must be approved in advance by your immediate supervisor. If any equipment or services have been approved, the expenses will be paid or reimbursed.

Employees who will be working with confidential City information at their home must attach information describing what strategies will be used to maintain that the information remains secure and confidential in a manner consistent with existing City policies.

I certify that I have read, received a copy, and understand that I will be required to follow all rules associated with my telecommuting work schedule. Should I have any questions, I am to address them with my supervisor immediately.

Employee’s signature

Date

cc: Supervisor
Personnel Manager
Department payroll staff

TELECOMMUTING EQUIPMENT POLICY:

- The employee agrees not to use any City equipment for private purposes, nor allow family members or friends access to that equipment.
- The employee shall promptly return all City-owned equipment and data documents when requested by the employee's supervisor.
- The employee agrees to follow all software licensing provisions agreed to by The City.
- The City may pursue recovery from the employee for any City property deliberately or negligently damaged or destroyed while in employee's care, custody and control.
- The City is not responsible for private property used, lost or destroyed.
- The employee agrees to comply with policies regarding telecommuting equipment in the telecommuting policy.

OTHER CONDITIONS:

Employees may, at the discretion of their immediate supervisor, be called to work at their centrally located worksite on their regular telecommute day during their regular work hours to meet workload requirements.

APPENDIX “D”

City of Maitland

Community Volunteer Services Waiver Form

The undersigned, on behalf of themselves and their estate, hereby waives any right of recovery and releases The City of Maitland, their officers, officials, employees and agents, from liability arising from any injury to Undersigned, arising from or out of the Undersigned’s activities and participation in volunteer services at The City of Maitland [***INSERT DEPARTMENT AND DIVISION NAME***].

The Undersigned further acknowledges and agrees that The City of Maitland does not assume any responsibility whatsoever for any property of the Undersigned and the Undersigned shall not hold the City liable for any loss or damage to same. The Undersigned give their permission to be photographed and have their image used in The City of Maitland publications.

Signature: _____ Date: _____

For youth under 18 years of age: _____

(print) has my permission to accept an assignment as a volunteer for the City of Maitland, Florida.

Signature of Guardian: _____ Date: _____

APPENDIX "E"

Sample Rescission of Vacation and Compensatory Time Use

From: Department Head
Sent: Date
To: [employee's name]
Subject: Rescission of Previously Approved (*Vacation/Compensatory Time Off*)

Please be advised that, the Pandemic Influenza emergency has caused staffing shortages City wide. Unfortunately, this means that I must rescind my prior approval of your (*date of vacation leave and compensatory time off*) in order to provide staffing coverage for (*name of work unit*).

However, please note that:

[The following is only for employees whose approved vacation is being rescinded:]

Employees eligible for vacation leave may accrue up to sixty days vacation leave, prorated to reflect their normally scheduled work day. However, should rescission of your vacation leave due to a declared Pandemic Influenza emergency result in your leave going beyond the maximum accrual amount, either myself or the department head may submit a recommendation to the Personnel Manager that you be allowed to carryover personal leave.

[The following is only for hourly employees whose approved compensatory time off is being rescinded:]

As an employee who can accrue compensatory time off, you normally have a right to use it within a reasonable time of your request. However, such is not the case in the event of an emergency, such as the Pandemic Influenza, where your absence may disrupt City business operations. Because your previously approved compensatory time off is being rescinded, upon your request the department head may recommend to the Personnel Manager, the carryover of accrued compensatory time to the next calendar year. If that occurs, you must use those hours within the first quarter of the new calendar year.

Thank you for your understanding and your assistance during this difficult time.

cc: *Department Director*
Personnel Manager
Department payroll staff

APPENDIX “F”

Sample Memo for Sending a Sick Employee Home

From: *Department Head*
Sent: *Date*
To: *[employee’s name]*
Subject: *Removal from Workplace – Exhibiting Pandemic Influenza Symptoms*

During the last [*time period i.e. few days, several hours*] I have observed that you appear ill because you are [*list symptoms observed*]. I am concerned about your physical well-being. I am also concerned that you may be contagious. In light of these concerns, I am sending you home.

You will need to use your sick leave accrual, personal leave or, compensatory time off accrual for your absence; or, may request approval for an unpaid absence without leave if your leave accruals are depleted.

When your condition improves, please contact me at [*supervisor’s phone number and email address*] and we will discuss your return to work.

Thank you for your understanding and I hope that you feel better soon.

APPENDIX “G”

Public Health Emergency Planning Checklist Individuals and Families

You can prepare for an event such as an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

1. To plan for a pandemic:

Store a supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.

Ask your doctor and insurance company if you can get an extra supply of your regular prescription drugs.

Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes and vitamins.

Talk with family members and loved ones about how they would be cared for if they got sick or what will be needed to care for them in your home.

Volunteer with local groups to prepare and assist with emergency response.

Get involved in your community as it works to prepare for an influenza pandemic.

2. To limit the spread of germs and prevent infection:

Teach your children to wash hands frequently with soap and water and model the correct behavior.

Teach your children to cover coughs and sneezes with tissues and be sure to model that behavior.

Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.

3. Items to have on hand for an extended stay at home:

Examples of food and non-perishables

- Ready-to-eat canned meats, fruits, vegetables and soups
- Protein or fruit bars
- Dry cereal or granola
- Peanut butter or nuts
- Dried fruit
- Crackers

Canned juices
Bottled water
Canned or jarred baby food and formula

Examples of medical, health, and emergency supplies

Prescribed medical supplies such as glucose and blood-pressure monitoring equipment

Soap and water or alcohol-based hand wash

Medicines for fever, such as acetaminophen or ibuprofen

Thermometer

Anti-diarrhea medication

Vitamins

Fluids with electrolytes

Cleansing agent/soap

Flashlight

Batteries

Portable radio

Manual can opener

Garbage bags

Tissues, toilet paper and disposable diapers
