PANDEMIC RESPONSE PLAN
Full

LADD adopts this plan to prepare for and respond to the threat of influenza, SARS-CoV-2 or other pandemic that causes serious widespread illness. Pandemic outbreaks are rare but can impact all levels of business and support services. There have been 5 Pandemic outbreaks in the past 117 years: 2020-2023 Coronavirus Pandemic (COVID-19), 2009 H1N1 Pandemic (H1N1pdm09 virus), 1968 Pandemic (H3N2 virus), 1957-1958 Pandemic (H2N2 virus), 1918 Pandemic (H1N1 virus). Spread of a pandemic respiratory and influenza virus may occur in multiple disease "waves" that are separated by several months. As a pandemic respiratory or influenza virus spreads, large numbers of people may need medical care worldwide. Schools, childcare centers, workplaces, and other mass-gathering venues may experience higher absenteeism or closures. Other critical infrastructure, such as law enforcement, emergency medical services, and the transportation industry, may also be affected. The 2017-2018 flu season is an epidemic; however, experts do not consider it a pandemic. The Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) determine a pandemic. While an epidemic describes an illness affecting a defined region, a pandemic has a global impact.

How Is SARS-CoV-2 (Coronavirus COVID-19) Different from Seasonal Flu?

	Seasonal Flu	SARS-CoV-2 (Coronavirus)
How often does it happen?	Happens annually and usually peaks between December and February	The first occurrence to happen worldwide occurred in 2019. Declared a pandemic on March 11, 2020, and ended on May 11, 2023. COVID-19 still occurs regularly evolving in different variants, but less intense severity than during the pandemic's peak
Will most people be immune?	Usually, some immunity from previous exposures and COVID-19 vaccination	Usually, some immunity from previous exposures and COVID-19 vaccination. Most people had little or no immunity because they had no previous exposure to the virus or similar viruses
Who is at risk for complications?	Certain people are at high risk for serious complications (infants, elderly, pregnant women, extreme obesity and persons with certain chronic medical conditions)	Certain people are at high risk for serious complications (infants, the elderly, pregnant women, persons with extreme obesity, and persons with certain chronic medical conditions) Healthy people also may be at high risk for serious complications, or are carriers of the virus
Where can I get medical care?	Health care providers and hospitals can usually meet public and patient needs	Health care providers and hospitals may be overwhelmed Alternate care sites may be available to meet public and patient needs
Will a vaccine be available?	Vaccine available at any time and are updated to closely target current variants. Everyone should receive at least one dose of the updated vaccine. CDC recommends the 2023–2024 updated COVID-19 vaccines: Pfizer-BioNTech, Moderna, or Novavax, to protect against serious illness from COVID-19.	Vaccines were not available in the early stages of the pandemic. There are now vaccines available requiring one or more doses, based on qualified medical personnel's recommendations
Will antivirals be available?	Adequate supplies of antivirals are usually available	Antivirals are available once meeting specific criteria based on the treatment recommendation of a health professional
What impact will it have on schools and workplaces?	Usually, it causes a minor impact on the general public; some schools may close, and sick people are encouraged to stay home. Manageable impact on domestic and world economies.	Has caused major impact on the general public, such as travel restrictions and school or business closings Potential for severe impact on domestic and world economies

How Is Pandemic Flu Different from Seasonal Flu?

	Seasonal Flu	Pandemic Flu
How often does it happen?	Happens annually and usually peaks between December and February	It rarely happens. Three times in the 20th century, which started January 1, 1901, and ended on December 31, 2000

	Seasonal Flu	Pandemic Flu
Will most people be immune?	Usually, some immunity from previous exposures and influenza vaccination	Most people have little or no immunity because they have no previous exposure to the virus or similar viruses
Who is at risk for complications?	Certain people are at high risk for serious complications (infants, the elderly, pregnant women, extreme obesity, and persons with certain chronic medical conditions)	Healthy people also may be at high risk for serious complications
Where can I get medical care?	Health care providers and hospitals can usually meet public and patient needs	Health care providers and hospitals may be overwhelmed Alternate care sites may be available to meet public and patient needs
Will a vaccine be available?	Vaccine available for the annual flu season Usually, one dose of the vaccine is needed for most people	Although the US government maintains a limited stockpile of pandemic vaccine, vaccine may not be available in the early stages of a pandemic Two doses of vaccine may be needed
Will antivirals be available?	Adequate supplies of antivirals are usually available	Antiviral supply may not be adequate to meet demand
What impact will it have on schools and workplaces?	Usually causes minor impact on the general public, some schools may close and sick people are encouraged to stay home Manageable impact on domestic and world economies	May cause major impact on the general public, such as travel restrictions and school or business closings Potential for severe impact on domestic and world economies

PURPOSE- Issues related to pandemics:

Plans for maintaining essential functions and services during a respiratory or influenza pandemic must emphasize and implement procedures such as social distancing, infection control and personal hygiene, cross-training, and teleworking. Protecting the health and safety of all stakeholders (community, people supported, employees, families, Contract Agencies, etc.) must be the focus of planning to ensure the continuity of essential functions.

- LADD has created a culture of infection control, personal hygiene, and social distancing in the workplace that is reinforced during the annual influenza season or during a respiratory virus outbreak. Employees follow the Exposure Control Plan for infection control and personal hygiene, as well as natural social distancing measures, such as reducing person-to-person interactions (limit trips to local stores, use pharmacy delivery services for medications, and cease all non-essential activities).
- Establishing contingency plans to maintain delivery of support during times of significant and sustained employee absenteeism. Unlike other hazards, a respiratory or influenza pandemic will not directly affect a business's physical infrastructure. A pandemic threatens human resources by removing essential personnel from the workplace for extended periods.

Plan

PANDEMIC COORDINATOR AND PANDEMIC RESPONSE TEAMS:

Each organization is responsible for identifying and designating a Pandemic Coordinator and a Pandemic Response Team that includes at least one person from each department.

The LADD Pandemic Coordinator is the Director of Quality Improvement and Systems. The coordinator works with the Pandemic Response Team, which is made up of all Department Directors. Each team member is responsible for selecting a backup employee to assume duties in case of their own illness.

Pandemic Response Team			
	Primary	Back up	Responsibility
Pandemic Coordinators	Director of QI & Systems	Quality Assurance Specialist, Executive Director	• Monitor issues and information related to pandemics to keep our plan up to date. • Recommend any changes to the plan as circumstances warrant. • Conduct employee training. • Communicate information from public health agencies, emergency responders and others regarding our plan, should an outbreak occur. • Implement this plan should it become necessary.

Pandemic Team-Services	Director of Development & Operations	Regional Directors, Executive Director	• Identify employees that are essential to maintaining operations at their locations. • Develop a plan to continue operations at their locations with the least possible number of staff. (FTE Report) • Ensure that all employees in their departments are adequately trained in emergency procedures in the case of a pandemic and in the prevention of illness.
Pandemic Team-Business/Finance	Director of Business/Director of Corporate Compliance	Finance Specialist, QA Finance Manager, Executive Director	• Identify employees that are essential to maintaining operations at their locations. • Develop a plan to continue operations with the least possible number of staff. • Ensure that all employees in their departments are adequately trained in emergency procedures in the case of a pandemic and in the prevention of illness. • Cross training employees to continue key operations as determined by Director of Business. • Cross training employees to continue key operations such as benefits, personal funds, billing and any determined by the Director of Business.
Pandemic Team-HR	Director of Human Resources	HR Specialist/Team	• Identify employees that are essential to maintaining operations at their locations. • Develop a plan to continue operations with the least possible number of staff. • Ensure that all employees in their departments are adequately trained in emergency procedures in the case of a pandemic and in the prevention of illness. • Cross Training HR personnel to continue key operations such as payroll, workers compensation, employee injury and exposure, records and key operations as determined by the Director of HR. • Information form for each employee impacted will be sent to the HR Director for personnel files. • Key employees will maintain a list of impacted employees and schedule classes to accommodate them receiving training within 30 days after pandemic release. Extensions to timelines must be approved by the Director of QI.
Pandemic Team-IT	IT Director	Director of QI & Systems, IT Coordinator	• Identify employees that are essential to maintaining operations at their locations. • Develop a plan to continue operations with the least possible number of staff. • Ensure that all employees in their departments are adequately trained in emergency procedures in the case of a pandemic and in the prevention of illness. • Cross training employees to continue key operations such website notifications and others as determined by the Director of QI. • Limit class size of any required in-person training. Cancel training in the event of an increase in outbreaks. • Notify Contract Agencies that we are not bringing people into a classroom setting during any outbreaks.

Practice/Respond

PREPARATION FOR OCCURANCES

The IT Coordinator will provide all employees with information on recommended practices from public health officials to reduce the spread of the infection. Employees will be informed of developments as they occur. This is done through alerts, private email addresses, work email addresses, phone contacts, LADD Facebook, and website pages.

The Services Department/Team will respond in a coordinated manner to employees' questions and special considerations during a flu outbreak.

The Services Department/Team will ensure that each location has a sufficient supply of recommended infection control supplies (PPE).

The Services Department/Team will monitor staffing levels across all locations and assist supervisors in maintaining critical operations, including addressing any staffing shortages. The Services Team will enlist support from all departments to ensure all support locations are operational. If people in shared living show signs of illness, the services team will assist them in notifications to guardians, family, and RMHA employees to limit visits to their home. Prompt identification and isolation of potentially infectious individuals to a location away from others in the shared living environment will be implemented to prevent further transmission.

The Services Department/Team will coordinate the procurement of needed supplies, food, or transportation for any support location in need. The Services Department/Team will request support and assistance from any/all departments. Discontinue any nonessential travel to and from locations with confirmed diagnoses.

Emergency Staffing Categories are updated annually during employee evaluations and as needed throughout the year. The category is entered into AOD by the HR Department and verified by services management. Emergency Staffing Category descriptions are found in section one of the Emergency Guidebook. In the first stages of a declared pandemic, the availability of staff will be reviewed, along with plans to adjust staffing patterns, which may include temporarily consolidating locations, to ensure the needs of the people continue to be met.

Each Department Director will maintain a list of duties and positions for which individual employees are cross-trained within the department, as well as any duties that can be performed from alternative locations if necessary.

Each Department Director will ensure that employee questions to the department are promptly answered.

Each Department Director will ensure that employees are self-monitoring for signs and symptoms prior to each scheduled shift. If exhibiting signs or symptoms, or if exposed to a person with a confirmed diagnosis, employees are to report to the appropriate member of Management immediately. The Director of Quality Improvement & Systems will ensure the Exposure Control Plan is reviewed to remain current and will provide training available to all employees. The ECP is to be utilized as a main resource for any pandemic outbreaks. Employees will follow the ECP and all additional directions issued during pandemic outbreaks.

The HR Director will make any recommendations to amend flex/sick time pay in the event of a pandemic. The policy will be non-punitive and require employees who have been exposed or who exhibit symptoms of the illness to remain at home. Recommendations may be different for key employees.

The Director of Quality Improvement & Systems, along with the Information Technology Director, will ensure that the agency has sufficient IT infrastructure to support remote access to services.

The Executive Director will notify the Contract Agencies if alternative support sites are necessary or if needs cannot be me within LADD.

RESPONSE TO OCCURANCES

LADD goals during a Respiratory or Influenza Pandemic:

1. Reduce transmission of the virus among all stakeholders.
2. Minimize illness among all stakeholders.
3. Maintain mission-critical operations and support.

LADD objectives during a Respiratory or Influenza Pandemic: including responsible staff
Department Directors-Roles and Responsibilities:

- Maintain continuity plans, including Exposure Control, Risk Assessments, Business Continuity, and Hazard Communications.
- Continue providing information and training as needed on continuity plans.
- Continue monitoring and use of communication systems, including alert first, website, Facebook, and email.
- Plan for short and long-term disruptions while maintaining communication.
- Department personnel may be needed to provide critical staffing in support locations.
- All essential and key personnel are expected to report to their respective or alternative work locations.

Employee Roles and Responsibilities:

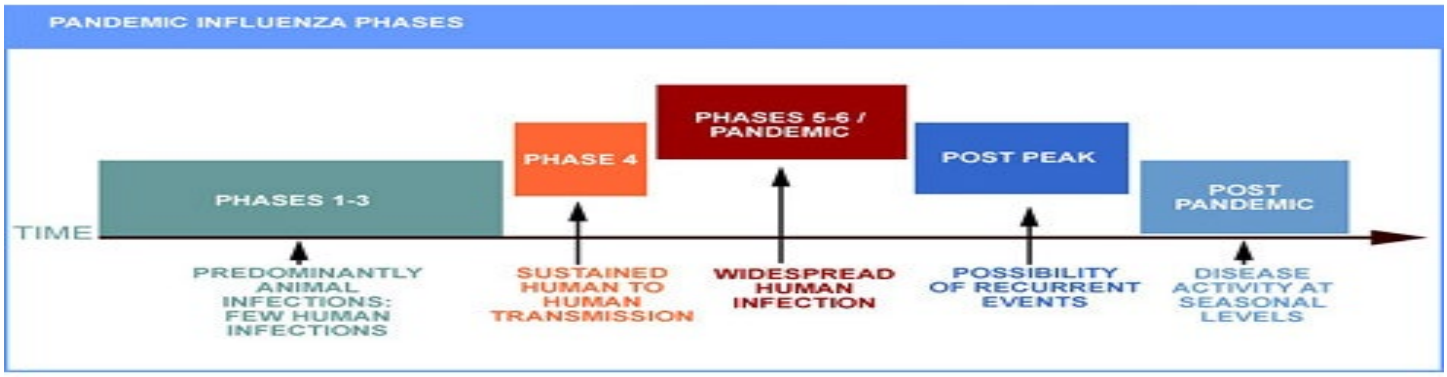
- Be ready for alternative work arrangements.
- Protect sensitive information.
- Contact Management uses the Emergency Procedure call numbers immediately if you have serious signs or symptoms of illness after self-monitoring or being exposed to a person with a confirmed diagnosis.
- Keep contact information, including address, phone numbers, and email address, current.
- Keep emergency contact information current.
- Join the LADD Facebook page for continued communication during a pandemic occurrence.
- Notify Regional Directors if the service location has multiple people with signs and symptoms of illness.
- Increase standards of facility cleaning and disinfection, usage of PPE, as well as proper hand hygiene, following the Exposure Control Plan.
- Practice physical social distancing.

NOTIFICATIONS/WORLD HEALTH ORGANIZATION (WHO) PANDEMIC PHASES

All notifications regarding pandemic phases and responsibilities will be issued through the World Health Organization's alert system and local departments' information. There have been no changes to the WHO- World Health Organization Pandemic Phases since 2009.

APPENDIX A- The WHO Pandemic Phase

The World Health Organization (WHO) developed an alert system to inform the world of the severity of a pandemic. The alert system has six phases, with Phase 1 having the lowest risk of human cases and Phase 6 posing the greatest risk of a pandemic.



Phase 1	No animal coronavirus or influenza virus circulating among animals has been reported to cause infection in humans.
Phase 2	An animal coronavirus or influenza virus that circulates in domestic or wild animals has been known to infect humans and is therefore considered a specific potential pandemic threat.
Phase 3	An animal or human-animal coronavirus or influenza reassortment 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 coronavirus or influenza reassortment virus able to cause "community-level outbreaks." The ability to cause sustained disease outbreaks in a community marks a significant upward shift in pandemic risk. 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 on whether to implement a rapid pandemic containment operation is warranted.
Phase 5	Is characterized by human-to-human spread of the coronavirus or influenza 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	It 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. **Designating this phase indicates that a global pandemic is underway.**

Post-Peak	
Period w/Possible New Wave.	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.
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

BUSINESS RESUMPTION AND RECOVERY

When LADD operations return to normal levels, each Department Director will compile a report documenting what occurred in the department during the pandemic outbreak, including, but not limited to, staffing levels, overtime, staff reporting to alternative locations, required notifications, and needed supplies. The reports will be submitted to the Pandemic Coordinator for evaluation of the Pandemic Plan.

RESOURCES

FEMA-*December 2020 Release;* Community Based Organizations Preparedness Training (fema.gov)

- Continuity Resources and Technical Assistance | FEMA.gov
- Supply Chain Resilience Guide (fema.gov)
- Developing and Maintaining Emergency Operations Plans (fema.gov)

CERT-Community Emergency Response Team- Community Emergency Response Team | Ready.gov

- Cybersecurity | Ready.gov
- IT Disaster Recovery Plan | Ready.gov
- Crisis Communications Plan | Ready.gov
- Emergency Response Plan | Ready.gov

OSHA-Emergency Preparedness and Response | Occupational Safety and Health Administration (osha.gov)
Insurance Institute of Business and Home Safety-OFB-EZ_Toolkit_IBHS.pdf (disastersafety.org)
CDC-Centers for Disease Control and Prevention (cdc.gov)
WHO-| World Health Organizationhttps://www.who.int/
United States Census Bureau-Emergency Management (census.gov)
SOM - State of Michigan (Michigan.gov)