



Pandemic Influenza Operations Plan

Ohio**DAS**

Ohio Dept. of Administrative Services

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PROMULGATION STATEMENT

A planning team for Department of Administrative Services, in conjunction with the department's operating divisions and program areas, has developed this plan to guide the department's response to a pandemic. The information contained in this plan is intended to provide agency leadership, managers and employees direction about how the department will continue operations should a pandemic-level event impact the department's workforce.

By affixing my signature to this document, I hereby adopt this plan and authorize its use as necessary.

HUGH QUILL
Director

Date

REVISION HISTORY

Description of Revision(s)	Date Revision(s) Effective	Revision(s) Made By
Original		DAS Pandemic Planning Team

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INTRODUCTION

I.1 PURPOSE

This document establishes expectations and provides guidance for Ohio Department of Administrative Services (DAS) managers and employees to utilize in planning for and operating during a pandemic.

DAS' planning methodology acknowledges the recurring acceleration and deceleration of illnesses in and among DAS employees and our state employee counterparts.

I.2 PLAN DESCRIPTION

This plan provides an overarching framework by which the department as a whole will operate in the event of a pandemic-level event. This plan contains the following elements that guide and support the department's efforts to minimize the impact of and respond to a pandemic influenza event.

- Identification of critical services
- Staffing approach to maintain critical services
- Command and control structure to be activated as warranted
- Worker and workplace safety practices and monitoring
- Communicating information – both internally and externally
- Methodology and process for activating the plan and associated recovery

I.3 OVERVIEW OF A PANDEMIC

An influenza pandemic is caused by a virus that is either entirely new or has not circulated recently and widely in the human population. This creates an almost universal vulnerability to infection as humans have little-to-no immunity to the virus. While not all people become infected during a pandemic, nearly all people are susceptible to infection. The term, “novel influenza” is used to define severe or new strains of influenza such as H1N1, H5N1, etc.

Pandemics are different from seasonal outbreaks or “epidemics” of influenza. Seasonal outbreaks are caused by subtypes of influenza viruses that already circulate among people, whereas pandemic outbreaks are caused by new subtypes, by subtypes that have never circulated among people, or by subtypes that have not circulated among people for a long time. Past pandemics have led to high levels of illness, death, social disruption and economic loss.

A pandemic can last 12 to 24 months and unfolds in waves. A wave can last six to 12 weeks and is characterized by the sharp rise of illness, followed by a decline. A sharp rise occurs because the general population is susceptible to a new virus, which quickly saturates the community. Decline occurs after the infection achieves an initial saturation level. After the first wave, communities will have “calm” periods, lasting approximately three to nine months, where some sporadic infections in people appear. Then the second wave will come and last six to 12 weeks followed by another “calm” period. After the second low period, the state may see the third wave. The total duration of a pandemic (waves and calm periods together) may reach 24 months.

Even a pandemic virus that initially causes mild symptoms in otherwise healthy people can be disruptive, especially under the conditions of today's highly mobile and closely

interdependent societies. Moreover, the same virus that causes mild illness in one country can result in much higher morbidity and mortality in another. In addition, the inherent virulence of the virus can change over time as the pandemic goes through subsequent waves of national and international spread.

The occurrence of large numbers of people falling ill at or around the same time is one reason why pandemics are socially and economically disruptive, with a potential to temporarily overburden health services. The contagiousness of the virus influences the severity of a pandemic's impact as it can increase the number of people becoming ill and needing care within a short timeframe in a given geographical area which can affect governments' and health services' abilities to cope.

A Pandemic usually has a concentrated adverse impact in specific age groups. Concentrated illnesses and deaths in a young, economically productive age group will be more disruptive to societies and economies than when the very young or very old are most severely affected, as is seen during epidemics of seasonal influenza.

Different patterns of spread can also influence the severity of subsequent waves. For example, if schoolchildren are mainly affected in the first wave, the elderly may bear the brunt of illness during the second wave, with higher mortality seen because of the greater vulnerability of elderly people.

A distinctive feature of influenza viruses is that mutations occur frequently and unpredictably. The emergence of an inherently more aggressive virus during the course of a pandemic can never be ruled out.

I.4 PLANNING ASSUMPTIONS

When developing this plan, the planning team incorporated the following assumptions into their efforts:

- Planning is based upon critical functions, not individuals
- Healthy employees are expected to report to work, unless caring for an ill family member
- Sick employees are expected to stay home until recovered

I.5 PANDEMIC PLANNING TEAM

A team, consisting of the heads of each of the offices with the Administrative Support Division, in addition to the department's business continuity manager, comprised the planning team for the development of the department's pandemic influenza plan. A list of team members is included in the appendix of this document.

SECTION 1: CRITICAL SERVICES AND FUNCTIONS

1.1 METHODOLOGY

The Ohio Department of Public Safety's Emergency Management Agency developed and published the list below of 14 critical functions of state government:

1. Provide security to institutionalized populations and essential state infrastructure
2. Maintain lines of communication, command and control
3. Maintain communications infrastructure
4. Maintain staffing; ensure essential positions are filled
5. Maintain worker health and safety
6. Feed institutionalized resident populations
7. Provide health, medical and human services to institutionalized populations
8. Ensure power and fuel to institutionalized populations and essential state infrastructure
9. Provide maintenance to essential state infrastructure
10. Provide services to residents of the state to the extent possible
11. Generate revenue
12. Pay financial obligations
13. Maintain transportation networks
14. Keep required records

The following definitions were used in the assessment of critical functions:

- Critical Services: Services and/or tasks that directly or indirectly support the critical missions that preserve the health, life and safety of Ohio citizens, and those required by law. (See the below list of services compiled by the Ohio EMA)
- Essential Services: Services and tasks that are important to an agency's mission but if suspended for a short period of time, would not impact a critical mission that preserves the health, life and safety of Ohio citizens.
- Non-Essential Services: Services and tasks that if suspended for short periods of time, would not directly or indirectly impact the state's ability to accomplish its critical missions for Ohio citizens.

Further, each DAS division was tasked with identifying their critical services and ranking them in order of importance within the division. The department planning team reviewed the functions for appropriateness and grouped them into three sub-groups based on the following criteria:

- Functions that directly support EMA listed functions
- Functions that indirectly support EMA listed functions
- Functions that provide critical statewide infrastructure support
- Functions that provide critical statewide administrative support
- Functions that provide critical statewide policy support
- Functions that provide critical internal administrative support
- Functions that provide critical internal policy support

1.2 CRITICAL DEPARTMENTAL FUNCTIONS

The list below constitutes the critical services of the department at the time of the development of this plan. These services are critical or provide critical infrastructure or administrative support to agencies that provide critical services for the state. The majority of the items outlined on the list entitled “Program Services-External Customers” have enterprise implications and impacts. The remaining items on the list entitled “Administrative Support Services-Internal Customers” are critical internal support functions to maintain the administrative operations of the department.

- Plans identifying program responsibilities, staffing strategies and succession plans for each critical service listed below are included in the appendix of this document
- Services/functions on this list may be added, deleted or modified, as needed, over time.

Program Services - External Customers			
Division/ Office	Description of Service	Service Level	Priority Group
General Services Division	Life-Safety & Security Systems Operations for Facilities	Maintain	1
General Services Division	Facilities Security Operations	Maintain	1
General Services Division	Emergency Management Agency Support Functions (ESF-7, etc)	Increase	1
Office of Information Technology	Network backbone infrastructure	Maintain	1
Office of Information Technology	Internet Operations	Maintain	1
Office of Information Technology	MARCS Operations	Maintain	1
Office of Information Technology	Mainframe Systems	Maintain	1
Office of Information Technology	Servers (Windows & UNIX platforms)	Maintain	1
Finance	Payroll Management for Boards/Commissions	Maintain	3
General Services Division	Purchasing of Contracted Services Operations	Increase	2
General Services Division	Facilities Sanitation Operations	Increase	2
General Services Division	Purchasing of Information Technology	Increase	2

Human Resources Division	Statewide Payroll Processing	Maintain	2
Human Resources Division	Statewide Payroll Configuration & Balancing	Maintain	2
Human Resources Division	Payroll Accounting & Payment Processing for Pay Agency	Maintain	2
Human Resources Division	HCM Benefits Coverage/Eligibility	Maintain	2
Human Resources Division	COBRA Enrollment and Payment Processing	Maintain	2
Human Resources Division	Benefits Vendor Relations and Issue Resolution	Maintain	2
Human Resources Division	Enrollment Exceptions Adjudication	Maintain	2
Human Resources Division	Benefits Appeals Adjudication	Maintain	2
Human Resources Division	Disability Claims Processing	Maintain	2
Office of Information Technology	Storage (including SAN)	Maintain	2
Office of Information Technology	Database Services	Maintain	2
Office of Information Technology	E-mail (Exchange)	Maintain	2
Office of Information Technology	OAKS	Maintain	2
Chief Legal Counsel/Office of Information Technology	Privacy & Security Guidance for Agencies	Maintain	3
Finance	OAKS AR Maintenance	Possible Increase	3
Finance	OAKS Security	Increase	3
Finance	Personnel Actions/Position Control for Boards/Commissions	Maintain	3
Finance	Benefits Administration for boards/commissions	Maintain	3
Finance	Bill Payment for Boards/Commissions	Maintain	3

General Services Division	Warrant Printing	Maintain	3
General Services Division	Warrant Fulfillment	Maintain	3
General Services Division	Commercial Print Procurement	Maintain	3
General Services Division	Metering of Outgoing U.S. Mail	Maintain	3
General Services Division	Copy Center Printing (Critical Customer Needs)	Maintain	3
Human Resources Division	Benefits Processing	Maintain	3
Human Resources Division	Agency HR Policy Support	Increase	3
Human Resources Division	Create ad-hoc reports on workforce profile (statewide)	Increase	3
Human Resources Division	Process Hires/Critical Fills	Maintain	3
Human Resources Division	HCM Security Processing & Access Credentialing	Increase	3
Human Resources Division	Maintain Ohio Hiring Management System	Potentially increase	3
Human Resources Division	Agency Support with Drug-testing-related Issues	Maintain	3
Office of Information Technology	Ohio Business Gateway	Maintain	3
Office of Information Technology	e-Licensing	Maintain	3
Office of Collective Bargaining	Agency Support for Contract Interpretation	Maintain	3

Administrative Support Services - Internal Customers			
Division/ Office	Description of Service	Service Level	Priority Group
Finance	Collect & Deposit Revenue	Maintain	2
Employee Services	Time and Labor/Payroll Processing	Maintain	2
Employee Services	Benefits Administration	Maintain	2
Office of Information Technology	DAS Internal Fileshares & Application Infrastructure	Maintain	2
Finance	Process Budget Journals	Maintain	3
Finance	Resolve Payroll Rejects	Maintain	3
Finance	Bill Payment-Voucher Processing for ASD Offices	Maintain	3
Finance	Purchasing Supplies & Services for ASD Offices (ITS)	Maintain	3
Employee Services	Department Hiring and Staffing	Increase	3
Employee Services	On-boarding/Off-boarding Employees	Increase	3
Employee Services	Contract Interpretation/Labor Relations/HR Consulting	Increase	3
Office of Information Technology	HRD Application Maintenance (Disability, mainframe, Filenet)	Maintain	3
Communications	Provide Communications Support	Increase	3
Chief Legal Counsel	Provide Legal Services/Support	Maintain	3

SECTION 2: CRITICAL SERVICES STAFFING

2.1 ENSURING APPROPRIATE COVERAGE OF CRITICAL FUNCTIONS

Included in the appendix of this document are plans for each of the department's critical services that details specific staffing strategies for each critical function. As of the promulgation of this document, no staffing gaps have been identified. Programs have ensured appropriate staffing is available through cross training and the ability to reduce non-critical services and shift resources.

2.2 ALTERNATIVE OPERATING STRUCTURES

DAS divisions and offices are utilizing a number of strategies to maintain staffing levels to mitigate the risk of employee absences during a pandemic. The key strategies used are as follows:

2.2.1 Flexible Schedules

The DAS Work Hours 100-04, Section II, A (6) (included in the appendix of this document) gives managers the flexibility to address unique working conditions through flexible schedules. Managers may utilize this flexibility to ensure that critical functions within their program area are adequately staffed.

2.2.2 Cross-training and Desk Instructions

(A) All DAS divisions, offices and programs are strongly encouraged to conduct appropriate cross training to ensure redundant capacity in staffing for critical functions. Employees who could be, but are currently not, performing a critical function should receive appropriate training on the work within the critical function.

(B) Additionally, managers are strongly encouraged to develop desk instructions for critical functions to ensure an orderly method for tasks to be completed and functions to be covered should primary employees not be available due to illness.

2.2.3 Reassignment of Available Employees

Using Appendix H, DAS divisions are identifying current employees and the employees' key skill sets in the event reassignment of available employees is required to perform essential tasks or functions elsewhere within DAS to maintain a critical service. Updating Appendix H is an ongoing task due to personnel changes.

2.2.4 Teleworking

Teleworking is currently not an option for employees at this time. However, should the department adopt a teleworking policy in the future, it is possible that teleworking may be permissible for certain employees, in certain positions that staff certain critical functions. Note: DAS has drafted a teleworking policy which is currently under review. This policy prescribes the criteria, requirements and limitations associated with teleworking for DAS employees.

2.2.5 Remote Access using Virtual Desktop technology

The Office of IT Services has established a pilot program which would enable 40-60 employees, deemed critical, to be enabled to use virtual desktop technology to access their work computers, networks and files from a remote location with

internet access. Assignments will be made based on critical service once the teleworking policy is approved.

2.3 TEMPORARY STAFFING OPTIONS

Should a staffing gap become apparent that cannot be fulfilled at the office, division or department levels, managers may request for temporary assistance through the use of an intermittent employee or a temporary employee provided by a temporary employment agency. In such an event, the manager should contact their division human resources coordinator (HRC) and follow the procedure that is currently for acquiring temporary services. If approved at the division level, the division HRC notifies the Office of Employee Services who procures the temporary staff.

Section 3: Command and Control

3.1 LEADERSHIP PRINCIPLES DURING A PANDEMIC

As a central service provider, the department must plan for a pandemic in order to heighten our ability to maintain critical services for durations of time when employee absenteeism rates could reach potentially high levels. As such, it is essential that senior members of the DAS leadership team be positioned and prepared to address and respond to unique requests and situations that programs, employees and/or customers may experience during a pandemic. Division and program-level plans should be comprehensive yet agile to address unanticipated issues.

Should members of the department's senior leadership team be absent due to illness, the delegated successors are expected to fully perform their assigned roles and responsibilities and consult with subject matter experts as well as with the Offices of Employee Services, Finance and Chief Legal Counsel for assistance in decisions and actions, if necessary. Should significant absences occur among DAS senior leadership, the delegated successors are expected to take actions to protect the health and safety of employees and maintain adequate levels of service based on their best judgment.

3.2 DEPARTMENTAL LEADERSHIP SUCCESSION PLAN

3.2.1 Succession

In the event that the Director is unable or unavailable to perform his duties, the following order of succession is constituted to ensure appropriate and necessary administration of the department:

1. Assistant Director – Administrative Support Division
2. Assistant Director – Office of Information Technology

Additionally, in the event that the above named successors are unable or unavailable to perform their duties, the following senior staff members are authorized to coordinate departmental activities on behalf of the Director, but are not permitted to exercise any authority beyond that contained in their delegation of authority.

3. Chief Legal Counsel
4. Chief Financial Officer
5. Human Resources Administrator
6. Deputy Director – General Services Division

3.2.2 Senior Leadership Team

A complete roster of the DAS senior leadership team is included in the appendix of this document. It is expected that divisions' succession plans are current and delegated successors have been briefed on duties and risks associated with the delegated position.

3.3 DIVISION/OFFICE/PROGRAM-LEVEL SUCCESSION PLANS & TABLES OF ORGANIZATION

Succession plans specific to each administrative office, division and program, along with complete master tables of organization, are included in the appendix of this document.

3.4 PLANNING AND RESPONSE ROLES AND RESPONSIBILITIES

3.4.1 External Roles and Responsibilities

The department, as a central services provider for the state, assumes a number of planning and response roles specific to a pandemic. Those roles and responsibilities include, but are not limited to:

- *Serving on the Interagency Coordinating Group.* This team was established to monitor, analyze and respond to situations resulting from a pandemic. Group members include: Department of Health (co-lead), Emergency Management Agency (co-lead), Governor’s office representative, DAS, along with other agencies as needed (National Guard, Department of Transportation).
- *Serving as liaison to the Governor’s office.* DAS maintains a close relationship with the Governor’s office and keeps them apprised of issues relating to human resources (functions, administration and policy), purchasing and general agency support issues.
- *Sharing information with and collecting information from agencies.* From time to time, it will be important to share information with agencies about pandemic-related issues (i.e. HR policy guidance, wellness messages, etc.) and collect information from the agencies about the health and strength of their workforce (i.e. reporting daily attendance).

The current designee for these duties is listed in the appendix of this document.

3.4.2 Internal Roles and Responsibilities

- *Pandemic Coordinator.* A pandemic influenza planning coordinator has been appointed by the Director to oversee all efforts as it relates to this project. The department coordinator will work with each division coordinator to ensure that planning tasks are complete and timelines are met. Additionally, the department coordinator will prepare the final department pandemic influenza plan and submit it for review.
- *Health/Influenza Manager.* The health/influenza manager is responsible for workplace health and safety should a pandemic emerge. Some of the tasks the “Health Manager” will perform include:
 - Managing a system to monitor employees who are ill or suspected to be ill in the event of a pandemic, including contacting employees who are unexpectedly absent from work.
 - Managing a process to facilitate/encourage the return of employees to work once recovered.

The current designees for these roles are listed in the appendix of this document.

3.5 DELEGATIONS OF AUTHORITY

After an assessment of the planning team, it has been determined that all appropriate and necessary delegations of authority are currently in place. In the event that a delegation of authority is needed, division deputies and office administrators will contact the Office of the Chief Legal Counsel to secure the requisite delegations. Additionally, the Director or his immediate successor has full authority to sign all documents and made all decisions on behalf of the department.

SECTION 4: WORKPLACE SAFETY

4.1 WORKSTATION CLEANING

To minimize the spread of influenza, all employees of the department are encouraged to take necessary steps to maintain a healthy work environment. During a pandemic, employees will need to clean their work stations more thoroughly to minimize the spread of the virus, particularly hard surfaces (e.g. desktops, phones, keyboards, light switches, handles, and objects). The length of time influenza-like germs can live on environmental surfaces ranges from a few seconds to 48 hours, and tend to live longer on nonporous surfaces (plastic, metal, wood). Therefore, all managers and employees are and will continue to be encouraged to:

- Clean surfaces that are frequently touched with hands – preferably daily
- Remove all magazines and newspapers from waiting rooms and common areas (such as break rooms, kitchens, etc.)
- Avoid un-necessary sharing of work equipment such as phones, computers, etc.

4.2 PERSONAL PROTECTIVE EQUIPMENT (PPE)

4.2.1 Employer

Federal guidance indicates that only employees who will be providing direct patient care should use N-95 masks or other personal protective equipment. Accordingly, DAS will not purchase PPE, as no employees meet the federal guidance criteria. Additionally, the department will not be purchasing surgical masks, hand sanitizers, tissues or cleaning supplies beyond what is normally provided.

4.2.2 Employee

Employees are free to purchase items such as hand sanitizer, tissues and cleaning supplies for their personal use. Employees should be reminded that when purchasing such supplies, the federal recommendation is that hand sanitizers be alcohol-based with an alcohol content of at least 40 – 60 percent.

4.3 BUILDING MAINTENANCE & CLEANING

DAS General Services Division and the Ohio Building Authority (OBA) will monitor and adhere to current sanitation guidance provided from health experts and will make necessary adjustments to the cleaning standards including supplies used and frequency of cleaning of common building areas.

SECTION 5: EMPLOYEE PERSONAL HEALTH, SAFETY & RESPONSIBILITIES

5.1 EMPLOYEE HEALTH & SAFETY

5.1.1 Risk

The health and safety are of key importance to the department. A survey of positions within the department reveals that based upon OSHA guidelines, the vast majority of DAS employees are in a position with low risk for direct-exposure to a virus (i.e. an office or closely associated environment; not an institutional or medical environment providing direct patient care).

5.1.2 Hygiene Practices

The role of personal hygiene awareness can reduce the spread of disease during a pandemic from employee to employee. DAS will promote awareness of the importance of hand-washing, covering mouth when coughing and sneezing, and careful disposal of used tissues. Additionally, DAS will take measures to encourage employees to:

- Stay home when they are sick; this will help prevent the spread of a virus to other employees.
- Cover their cough and sneeze. Everyone should cover their mouth and nose with a tissue when coughing or sneezing. If no tissues are available, individuals should cough or sneeze into their sleeve near the bend of their arm (elbow), not their hands; this will help prevent the spread of a virus to other employees.
- Wash their hands frequently and thoroughly. Washing ones hands often will help protect employees from germs. Posters have been developed and distributed that offer the following guidance about how one should wash their hands:
 - Wet hands and wrists with warm water
 - Apply soap
 - Lather for 15-20 seconds. Rub in between fingers, the back of your hands, wrists, and fingertips. (This is generally long enough for a person to sing the “Alphabet Song” or one verse of “Old MacDonald.”)
 - Rinse thoroughly
 - Dry with paper towel or hot air blower
 - Turn taps off with paper towel, if available
 - Open bathroom door using paper towel
 - Discard paper towel in waste can
- Use alcohol-based hand sanitizers. Hand sanitizers are an alternative to hand washing particularly when soap and water are not available. The following guidelines will be offered to employees when using hand sanitizers:
 - Apply about ½ teaspoon of the product to the palm of the hand

- Rub hands together, covering all surfaces of your hands, until they're dry
- Be sure to use only the alcohol-based hand sanitizers. The Center for Disease Control recommends hand sanitizers that contain at least 60% alcohol.
- Avoid touching eyes, nose or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches their eyes, nose, or mouth.

5.2 RESPONSIBILITIES

5.2.1 Attendance

Employees who are healthy are expected to come to work, as usual, unless caring for an ill family member. Conversely, employees who are sick are expected to stay home.

5.2.2 Leave & Call-off Procedures

5.2.2.1 Employee

(A) Ill employees, or those taking care of an ill family member, may use accrued balances of sick leave. Per current DAS Work Rules 100-02 (included in the appendix of this document), if no balances sick leave balance exists, an employee may request to use other leave in lieu of sick leave (i.e. vacation, personal, compensatory). With the permission of the employer, an employee may go into a leave without pay status if no leave balances exist.

(B) Employees who are ill, or are caring for an ill family member, are expected to follow departmental notification procedures as outlined in Section II, B of the DAS Work Rules. In general, an employee must notify their supervisor no later than one-half hour after their scheduled start time that they are unable to come to work. Employees may be expected to report on their status daily, unless instructed otherwise by their supervisor.

(C) In the event of an influenza pandemic, the department will waive the Work Rule requirement for a doctor's verification, understanding that the health system may be overwhelmed.

5.2.2.2 Manager

(A) Managers will be encouraged to be flexible in their granting of leave due during an influenza pandemic.

(B) When an employee reports that they are unable to come to work due to personal illness or because they are caring for an ill family member, managers should complete a call-off form for the employee. Managers are reminded to ask the employee if the absence is a FMLA-related event, but should not ask for any sensitive or protected information (under HIPPA or other privacy laws).

5.2.3 Personal Protective Equipment (PPE)

Employees are free to purchase items such as hand sanitizer, tissues and cleaning supplies for their personal use. Employees should be reminded that when purchasing such supplies, the federal recommendation is that hand sanitizers be alcohol-based with an alcohol content of at least 40 – 60 percent.

5.3 EMPLOYEE HEALTH SELF-ASSESSMENT

Before an employee leaves for work each day, the employee should assess his/her health and take the following actions:

- Healthy Employees. Healthy employees who do not have symptoms of the flu and otherwise are in a “healthy” status are expected to report for work at their permanent locations and perform their assigned duties unless notified otherwise.
- Suspected Illness. If an employee feels ill before leaving for work, the employee should stay home and contact his/her manager.
- Illness. It is the responsibility of the employee to continue to call off work pursuant to the normal call-off procedure as required for any other condition including illness of self and of family members. Managers may establish an alternate call-off schedule during a pandemic.
- Recovered from Illness (able to return to work). An employee may return to work once he/she is fully recovered from the pandemic illness and has been symptom free for the requisite period of time associated with the illness.

5.4 MONITORING GUIDANCE

The DAS pandemic coordinator will monitor federal and state guidance relating to employee health and safety as it continues to be refined. This document will be amended as necessary to reflect best practices and the incorporation of any appropriate federal or state guidance relating to employee health, safety or benefits.

SECTION 6: COMMUNICATING WITH EMPLOYEES, CUSTOMERS & THE MEDIA

6.1 COMMUNICATIONS ROLES AND RESPONSIBILITIES

6.1.1 Internal

Internal communications – those whose audience is DAS employees – are crafted and reviewed by a number of DAS offices, depending upon the message. The DAS pandemic coordinator will coordinate the development of communications efforts with the DAS Office of Communications. The DAS Office of Communications will send internal communications to all DAS employees.

6.1.2 External

External communications – those whose audience is outside of DAS – are also crafted and reviewed by a number of DAS offices and division, depending upon the message. The DAS Office of Communications, in consultation with the DAS business continuity manager, will consult with necessary organizations (i.e. Dept. of Health, EMA, Governor’s office, HRD Policy) to craft and send external communications to state agencies. The DAS Communications Office will send messages to their counterparts in other agencies (i.e. agency communications directors), the DAS business continuity manager will send messages to agency pandemic coordinators, the DAS HRD Policy Office will send messages to the human resources administrator listserv and the DAS Director’s office will send information to cabinet directors and executive directors or administrators of agencies, boards and commissions.

Additionally, the DAS Office of Communications will coordinate all media inquiries, both internal and external (as it relates to agencies and a pandemic).

6.2 COMMUNICATING WITH EMPLOYEES AT WORK

The primary means by which employees will receive communications at work will be through email.

The DAS Office of Communications will coordinate all department-wide messages that are sent to employees. These messages, developed in conjunction with the Ohio Department of Health, Ohio Emergency Management Agency, the DAS Office of Employee Services and other appropriate organizations, will serve as preventative reminders to employees about steps they can take on personal and professional level to avoid contracting the flu.

Examples of key messages may include:

- Keeping Informed: Reliable web sites
- Employee Personal Hygiene Practices
- Limiting the Spread at Your Work Site
- Preparing Your Family
- Self-Assessing Your Health at Home and at Work
- Social Distancing
- Influenza Symptoms

Additionally, information will be shared with employees should there be any change to work status, situation, location, etc.

6.3 COMMUNICATING WITH EMPLOYEES AFTER-HOURS

When it is necessary for a division singularly, or the department collectively, to communicate with employees during non-work hours, DAS will utilize the Employee Emergency Notification System, a web-based utility that performs a robo-calling function. Employees can elect to be notified on their home telephone, cellular telephone, or both. The notification system will be controlled centrally by the DAS Pandemic Influenza Coordinator.

6.4 COMMUNICATING THE PANDEMIC PLAN, RESPONSIBILITIES AND EXPECTATIONS

The department pandemic plan, and any supporting or corresponding division- or office-level plans will be shared with employees during the ASAP awareness activities during the spring and fall of each year. Additionally, as employees, functions or processes change, managers will communicate appropriate information to employees who are responsible for primary or substitute roles in supporting critical functions.

6.5 COMMUNICATIONS PLAN

A communications plan, along with marketing materials for good personal hygiene practices, is included in the appendix of this document.

SECTION 7: PLAN ACTIVATION

7.1 METHODOLOGY FOR ACTIVATION

7.1.1 Information Gathering

As part of the Interagency Working Group, DAS has access to information that is collected on a state-wide level that will provide soft indicators as to when waves of a pandemic may be occurring. In particular, the Ohio Department of Health regularly collects information relating to:

- The number of hospitalizations due to pandemic illness
- The amount of medication and corresponding supplies associated with an illness
- School closures
- Transportation disruptions

Additionally, the department will monitor employee absenteeism to determine if alternate staffing is needed.

7.1.2 Planning Team Review and Recommendation

The planning team will analyze the information from the Interagency Coordinating Group, department employee absenteeism, and information received from the divisions to determine if action is needed to maintain critical services. Should the team determine that action is needed, a recommendation will be made to the Director.

Depending upon the rate of absenteeism a division deputy may request that a non-critical (essential or non-essential) function be reduced or suspended and that staff be re-allocated to a critical function that is experiencing a staffing shortage. This request should be made to the department's pandemic influenza coordinator.

7.1.3 Activation

Activation of all or parts of this plan are at the discretion of the Director. If the Director decides that all or parts of the plan need to be activated, the DAS pandemic planning coordinator will work with the DAS pandemic planning team and the respective/impacted divisions and programs to implement the activation. Depending on the level of activation, all or some of the organizations/groups/individuals may be notified and advised of services impacts:

- Interagency Coordinating Group
- Governor's office
- DAS division(s)/program areas
- DAS employees
- Customers/stakeholders

7.2 ACTIVATION PHASES

Activation phases will be defined based on the speed and severity of each emerging communicable disease. By default, DAS will utilize and modify the following activation phases:

1. Increase awareness initiatives (every flu season)
2. Hygiene discipline and social distancing refresher training

3. Implementation of social distancing practices, including increased levels of teleworking
4. Local or office level service reduction
5. Department-wide service level reduction

7.3 ADMINISTRATIVE OPERATIONS DURING A PANDEMIC

Guidance for administrative operations has been developed by the Office of Employee Services, Office of Finance and Office of the Chief Legal Counsel to assist the divisions in planning for and responding to operational issues should the severity of a pandemic worsen. This guidance is found in the appendix of this document.

7.3 MANAGING SERVICE LEVELS

If this plan is or portions of this plan are activated, the respective program managers and division deputy directors will be responsible for ensuring that the appropriate staffing is in place to sustain the critical service. A division deputy director has the authority to reduce or suspend a service. If a program is being temporarily suspended or its service levels are being reduced, the division deputy director must assess risks and impacts relative to fiscal, legal and personnel. In addition, the deputy director or program manager must work with the DAS Office of Communications to identify potential impacts to customers and to prepare information to be distributed to customers and stakeholders.

Division deputy directors will be expected to report on any modified services as a result of the activation of this plan to the Director's office and the DAS pandemic coordinator. Additional instructions about reporting will be provided if this plan is activated, but at a minimum, information that will be expected in the daily status report will include, but is not limited to:

- Number of employees out due to illness
- Number of employees re-assigned to program area (if applicable)
- Number of employees moved from service area and re-assigned (if non-critical service and if applicable)
- Feedback from customers
- Demand from customers (workflow and volume)
- Critical risks/exposure

SECTION 8: MANAGING AND MONITORING EMPLOYEES' HEALTH

8.1 MONITORING EMPLOYEE ATTENDANCE

Managers should monitor their employee's attendance. If managers notice an unusual number of employees who are absent due to illness, or a trend for the same reason, they should alert the department's human resources administrator.

Should it become necessary, the department may require divisions to monitor and report attendance on a daily basis. Should this be necessary, instructions will be issued to divisions on what to report and how.

8.2 EMPLOYEES RETURNING TO WORK

Ill employees should stay home if they are sick, and should only return after they are symptom free for the requisite period of time associated with the particular virus causing the illness.

Employees returning to work after caring for an ill family member are free to do so at any time, provided the employee is healthy and not demonstrating symptoms of the virus.

8.3 MINIMIZING EMPLOYEE EXPOSURE

If an employee reports to work and is ill, or becomes ill while at work, they should be encouraged to go home and use appropriate leave. If an employee refuses to go home and is a clear threat to the health and safety of others, the manager should contact the department's human resources administrator for guidance.

Information about an employee's health should be treated as sensitive information and should not be shared unnecessarily, either in writing or verbally. General privacy best practices should be observed, and a single employee should not be singled out as being or presumed ill (i.e. managers shouldn't tell a work group that employee A has a confirmed case of the virus). Managers who need to clean an ill employee's workspace should do so discreetly, as not to draw attention to the ill employee's health status.

8.4 EMPLOYEE HEALTH SELF-ASSESSMENT

8.4.1 At Home

Before an employee leaves for work each day, the employee should assess his/her health and take the following actions:

- Healthy Employees. Healthy employees who do not have symptoms of the flu and otherwise are in a "healthy" status are expected to report for work at their permanent locations and perform their assigned duties unless notified otherwise.
- Suspected Illness. If an employee feels ill before leaving for work, the employee should stay home and contact his/her manager.
- Illness. It is the responsibility of the employee to continue to call off work pursuant to the normal call-off procedure as required for any other condition including illness of self and of family members. Managers may establish an alternate call-off schedule during a pandemic.

- Recovered from Illness (able to return to work). An employee may return to work once he/she is fully recovered from the pandemic illness and has been symptom free for the requisite period of time associated with the illness.

8.4.2 At Work

If an employee begins to feel ill at work or if someone observes that another employee is exhibiting symptoms of influenza at work, the ill employee should return to his/her workstation and call or email the manager.

8.4.2.1 *Instructions to Employees who are experiencing flu-like symptoms*
An employee who feels ill should remain at their work station and immediately notify a manager.

8.4.2.2 *Instructions to Managers*
The manager who has been notified by an employee that they are feeling ill should ask the employee if he/she is experiencing the following symptoms:

- Fever
- Chills
- Ague (alternating bouts of fever and uncontrollable chills, a symptom usually associated with influenza)
- Sore throat
- Dry cough
- Muscle aches
- Fatigue
- Breathing problems

If an employee does have symptoms that match any of those listed, the employee should be encouraged to go home. When leaving the work area, an ill employee should practice good hygiene protocol and cover their mouth and nose when coughing or sneezing. Additionally, the employee should be encouraged to contact their family physician.

If the employee does not have any symptoms like those listed, the employee is unlikely to have influenza, and should be reassured but advised to contact his/her family physician if still concerned and/or if symptoms persist.

SECTION 9: RECOVERY

9.1 FLEXIBLE RECOVERY STRATEGY

Under certain circumstances, DAS programs may alter or suspend services due to staffing issues caused by illness or the re-allocation of staff to support critical functions.

In the event that non-critical services are altered or suspended and staff is re-assigned, division deputy directors will have the discretion for returning operations to normal as soon as is practical and responsible. Deputies will assess suspended services on a daily basis to determine when services can be restored and/or re-assigned staff can be returned to their normal position.

9.2 COMMUNICATION

9.2.1 Employees

Program managers will notify employees as soon as is practical when all or parts of a non-critical service have been restored. Employees who were re-assigned to support critical functions may be transitioned back to their normal position over a period of time.

9.2.2 Customers

Program managers will work with the DAS Office of Communications to craft and deliver messages to customers notifying them when all or parts of altered or suspended services have been restored. The communication will include the level of service and any anticipated timelines associated with backlogs.

SECTION 10: PLAN REVIEW, UPDATING AND TRAINING

10.1 PLAN REVIEW & UPDATING

This plan will be reviewed by the DAS pandemic planning team in full on an annual basis and updated as necessary. Employee specific information (e.g. contact information, etc.) will be reviewed and updated on a quarterly basis.

10.2 TRAINING

Training about the mission, roles and responsibilities outlined in this plan will be incorporated in the department's ASAP preparedness and awareness activities in the spring and fall of each year.

APPENDIX

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