

# **Continuity of Operations Plan Pandemic Annex Template Instructions**

[Agency Name]  
[Month Day, Year]

## **PURPOSE OF THE TEMPLATE**

*This template provides guidance to assist State Agencies in developing a Pandemic-specific Annex to basic Continuity of Operations (COOP) Plans. General guidance and sample information is provided for reference. Agencies are encouraged to tailor their Pandemic Annexes to meet specific organizational needs and requirements.*

*The guidance in this job aid applies to all levels of State government. Our partners in the county and local government, private sector, and other non-governmental organizations may also use this job aid as a business continuity planning template.*

*The Federal Implementation Plan for the National Strategy for Pandemics acknowledges that a pandemic will require specialized planning. To address this, the State of Ohio has developed this template to assist organizations in incorporating pandemic outbreak considerations into basic continuity planning.*

*This template contains all elements of a viable pandemic annex and is meant to supplement a basic COOP plan. It is crafted to allow agencies the flexibility to insert and customize information, as deemed appropriate. Sample text has been provided throughout this template; however, it is intended only as an example of possible language. Each section contains instructions about material that should be included. These instructions, shown in blue, should be deleted after each section is updated.*

*Any questions or concerns about this template may be directed to:*

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## I. INTRODUCTION

*The introduction should briefly addresses continuity planning in general and the need for specialized planning which will enable agencies to effectively respond to an influenza pandemic.*

State agencies perform an array of essential functions and provide vital services to the public that may be adversely affected in the event of a natural or man-made disaster. In such events, organizations should have basic continuity of operations (COOP) plans to assist in the continuance of their essential functions. Continuing to perform essential functions and provide essential services is critical to an agency's ability to remain a viable entity during times of increased threats from all hazards, manmade or natural.

Since the threat to an agency's continuity of operations is great during a pandemic outbreak; it is important for state agencies, in particular **[Agency Name]**, to have a Pandemic Annex in place to supplement the basic COOP plan. This Pandemic Plan ensures the agency can carry out its essential functions and services while operating under limited staffing capacity. While organizations may be forced to suspend some operations due to the severity of a pandemic, an effective Pandemic Annex can assist an agency in its efforts to remain operational, as well as strengthen the ability to resume operations.

## II. PURPOSE

*The purpose statement should address the uniqueness of the Pandemic Annex by referencing the key elements of a viable COOP plan while employing strategies to mitigate the specific threat posed by pandemic.*

This annex provides guidance to **[Agency Name]** and may serve as the plan for maintaining essential functions and services during a pandemic. This annex neither replaces nor supersedes any current COOP plan, approved and adopted by **[Agency Name]**; rather, the annex serve to supplement the COOP, bridging the gap between traditional, all-hazards continuity planning and the specialized continuity planning required for a pandemic by addressing additional considerations, challenges, and elements specific to the dynamic nature of a pandemic.

This annex stresses that essential functions can be maintained during a pandemic outbreak through mitigation strategies, such as social distancing, increased hygiene, the vaccination of employees and their families, and similar approaches. The pandemic may not, in itself, require a traditional continuity response, such as partial or full relocation of the organization's essential functions, although this response may be concurrently necessary due to other circumstances.

## III. CONCEPT OF OPERATIONS

*The concept of operations section should outline the procedures for monitoring an approaching pandemic, distributing informational materials to employees, enacting pre-pandemic mitigation strategies, as well as the decision-making process leading to implementation of the full pandemic annex. The concept of operations section should also include those essential functions which will be continued and a description of how they will be carried out during the pandemic outbreak.*

*Furthermore, this section should state the agency's mission for continuity during a Pandemic, use realistic examples to illustrate various plan activation scenarios which may guide decisions on when to initiate the plan and how long to keep it in effect. Scenarios for the return to normal operations should be included as well.*

The [Agency Name] will monitor the severity of the pandemic and establish continuity activation triggers to address the unique nature of the pandemic threat. The Pandemic Annex will be implemented as needed to support the continued performance of essential functions. This plan is to be read in conjunction with the [Agency Name's] COOP Plan. It supplements the COOP plan by addressing considerations and elements specific to pandemic outbreak and emerging infectious diseases.

## IV. CONTINUITY PLANNING

*Agencies must develop operational plans to provide and implement selected mitigation, prevention, protection, or control measures, to decrease the threat of and impact from identified risks, to include pandemic. Agencies must conduct an analysis of the remaining risk based on implemented measures. Any documents, reports, or resources referenced in planning should be mentioned here, including what elements are addressed in this plan.*

In accordance with Federal Continuity Directive 1, Federal Executive Branch Continuity Programs and Requirements, October 2012, the [Agency Name's] Pandemic Annex addresses the following:

- Identification of appropriate mitigation and protective measures, to include measures necessary during a pandemic influenza;
- An operational plan to provide and implement selected mitigation, prevention, protection, or control measures, to include those necessary during a pandemic; and
- For those essential functions that employees must conduct onsite, the [Agency Name] has classified jobs by exposure risk level to the pandemic. These employees have been notified that they are expected to work onsite during a pandemic.

All employees of the [Agency Name] are to be informed regarding protective actions and/or modifications related to this plan. Messaging and risk communications during an emerging infectious disease or pandemic will be conducted by **(insert name of position)**. Guidance and instructions on established infection control measures such as social distancing, personnel protective equipment and telework polices are provided by **(insert name of position)** to assist in limiting the spread of the disease at primary and alternate worksites.

Within the workplace, social distancing measures could take the form of: modifying the frequency and type of face-to-face employee encounters (e.g., placing moratoriums on hand-shaking, substituting teleconferences for face-to-face meetings, staggering breaks, posting infection control guidelines); establishing flexible work hours or worksite, (e.g., telecommuting); promoting social distancing between employees and customers to maintain three-foot spatial separation between individuals; and implementing strategies that request and enable employees with influenza to stay home at the first sign of symptoms.

Organizations are encouraged to communicate with their employees, particularly any who are in harm's way. The messages should follow the **(Title of Agency Head)** message, should echo that message's themes, and should be in the same voice employees' associate with their leader.

Frequent, daily contact is important to keep employees informed about developments in the agency's response, on impacts to the workforce, and to reassure employees that the agency is continuing to function as usual.

Planners and pandemic response teams should include deliberate methods to measure, monitor, and adjust actions to changing conditions and improved protection strategies, such as:

- Implement a formal worker and workplace protection strategy with metrics for assessing worker conformance and workplace cleanliness.
- Monitor and periodically test protection methods.
- Track and implement changes in approved or recommended protection measures.
- Pre-position material and equipment onsite.
- Ensure essential personnel are at the primary worksite.
- Reaffirm that essential suppliers have their material and personnel on-hand and are able to respond and support as planned.
- Coordinate with local public health and emergency response points of contact to ensure open, adequate communications.

Component-specific risk assessments that identify actual control band designations for all personnel and/ or positions will be conducted initially and periodically thereafter for each participating organization by the **(insert name of position/office)** in coordination with a component point of contact. These assessments are kept as part of each component's specific action plan documentation.

Agencies are encouraged to add their component specific plan and procedures on their selected mitigation, prevention, protection, or control measures, to include those necessary during a pandemic

## **V. PANDEMIC PLANNING ASSUMPTIONS**

*The Assumptions section should address the **overarching** planning assumptions that were used in developing the organizations Pandemic Annex, such as those provided in the National Strategy for Pandemic Influenza Implementation Plan. It should also identify any specific planning assumptions identified by the State and/or local jurisdiction of the outbreak.*

### **A. STATEWIDE ASSUMPTIONS**

- Susceptibility to the pandemic influenza virus will be universal.
- Efficient and sustained person-to-person transmission signals an imminent pandemic.
- The clinical disease attack rate will likely be 30 percent or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak.

- Some persons will become infected, but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemic about half of those who become ill sought care. With the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.
- Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.
- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing organizations, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days.
- Persons who become ill may shed virus and can transmit infection for up to **<insert infectious rate of time (e.g., for pandemic influenza, up to one day before the onset of symptoms)>** days or weeks. Viral shedding and the risk of transmission will be greatest during **<insert infectious rate of time (e.g., for pandemic influenza, the first two days of illness)>**. **<Insert any other significant factors (e.g., for pandemic influenza, children usually shed the greatest amount of virus and therefore are likely to post the greatest risk for transmission.>**
- On average, infected persons will transmit infection to approximately **<insert number of other people (e.g., for pandemic influenza, two people)>**.
- A pandemic outbreak in any given community will last about six to eight weeks for each wave of the pandemic.
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting 2-3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

## **B. AGENCY-SPECIFIC ASSUMPTIONS**

- Agencies will be provided with guidance and/or direction by Federal, State, and local governments regarding the current pandemic status in the area.
- Agencies will have actionable plans and procedures to assist in the ability to remain operational during a pandemic. Plans and procedures may include social distancing protocols, personal protection equipment (PPE), and temporary suspension of some non-essential activities.
- **[Agency Name]** has a viable Agency-wide continuity capability, a **[Agency Name]** COOP Plan and each **[Agency Name]** component has a COOP Implementation Plan.

- [Agency Name] will review its continuity communications programs to ensure they are fully capable of supporting pandemic and other related emergencies, and give full consideration to supporting social distancing operations, including telework and other virtual office options.
- [Agency Name]-controlled buildings will be accessible, but right of entry may be limited.
- [Agency Name] may deploy a portion of its services to alternate facilities.
- During a COOP event, [Agency Name] may make its alternate facilities available for staff to implement social distancing protocols.
- Essential functions, operations, and support requirements will continue to be people-dependent; however, human interactions may be remote or virtual, resulting in the employment of appropriate teleworking and other approved social distancing protocols.
- Travel restrictions, such as limitations on mass transit, implemented at the Federal, State, or local levels may affect the ability of some staff to report to work.
- Additional funding will be budgeted for the acquisition of additional equipment required for a possible surge in teleworking capabilities.

## VI. PANDEMIC RESPONSE

### A. PANDEMIC COORDINATORS AND PANDEMIC RESPONSE TEAMS:

The [Agency Name] Pandemic Coordinator will oversee a Pandemic Response Team (PRT) to anticipate the impacts of a pandemic on [Agency Name] and to assist with developing strategies to manage the effects of an influenza outbreak. The [Agency Name and position name] has been designated as the Agency Pandemic Coordinator who will work with a team of advisors from [Agency Name].

Each agency will identify and designate a Pandemic Coordinator and component-level PRT, with representatives of all relevant stakeholders, to support the Pandemic Coordinator. [Agency Name] has designated the [insert name of responsible office] as the Pandemic Coordinator. Each agency's Pandemic Coordinator should work closely with the agency's COOP Coordinator. The COOP Coordinator will also serve as a member of the agency-level's PRT, if he or she is not already designated as the Pandemic Coordinator.

The [Agency Name] is comprised of the following: [Sample team composition, add team members below]

1. Pandemic Coordinator
2. Executive Director's Office Staff Assigned
3. Facility Management Staff Assigned
4. Human Resources Administrator
5. Chief Information Officer
6. Chief Financial Officer
7. Chief Legal Counsel

### B. RISK COMMUNICATIONS

*This section should address communications systems needed to ensure connectivity during crisis and disaster conditions. The ability of an agency to execute its essential functions at its alternate work location(s) depends on the identification, availability, and redundancy of critical communications and information technology (IT) systems to support connectivity among key agency leadership personnel, internal agency elements, other agencies, critical customers, and the public, during crisis and disaster conditions. Sample text for this section is provided below.*

The **[Agency Name]** has identified available and redundant critical communications systems that are located at the primary operating facility and alternate work location. Further, the **[Agency Name]** maintains fully capable continuity communications that support agency needs during all hazards/threats, to include pandemic and other related emergencies, and give full consideration to supporting social distancing operations including telework and other virtual offices. In addition, the **[Agency Name]** maintains communications equipment for use by employees with disabilities and hearing impairment.

All **[Agency Name]**'s necessary and required communications and IT capabilities should be operational within 12 hours of continuity activation.

**[Agency Name]** will develop influenza pandemic risk communications procedures for communicating with all internal and external stakeholders. This includes the use of existing notification rosters with names and telephone numbers for Emergency Relocation Group (ERG) personnel and non-ERG personnel. These rosters are maintained and updated by the COOP points of contact (POC) and posted in the **[annotate where ERG Rosters are posted]** database. Hardcopies are maintained at the **[annotate where hard copies are stored]**.

**{Insert process on alert and notification for notification to ERG members and staff.}**

## **VII. ELEMENTS OF A VIABLE PANDEMIC CONTINUITY**

### **CAPABILITY**

*The Elements of a Viable Continuity Capability section should address the 10 traditional elements of continuity within the context of a pandemic outbreak. If this document is an annex to an existing plan, reference the applicable sections of the core document and highlight any differences in responding to a pandemic outbreak when compared to responses to other, more physically destructive hazards, such as tornados, hurricanes, floods, and fires. Drawing parallels to responses, as applicable, may also be helpful. Agencies may choose to implement different strategies to maintain the performance of mission essential functions. These strategies are not required to be used during a pandemic, but could help the Agency maintain its overall capability.*

*Sample text is included for all 10 elements. Elements can be accessed from the Agency's COOP. This section may reiterate, paraphrase, or simply reference the Agency's COOP, depending on the agency's approach.*

### **A. ESSENTIAL FUNCTIONS**

Given the expected duration and potential multiple waves of pandemic outbreaks, agencies must review the process involved in carrying out essential functions and services in order to develop plans that mitigate the effects of the pandemic while simultaneously allowing the continuation of operations which support essential functions. [Agency Name] has identified essential functions and services needed to sustain its mission and operations during a pandemic. The [Agency Name] Essential Functions are listed in the table below.

**[Insert Table of Essential Functions]**

## **B. ORDERS OF SUCCESSION**

Since influenza pandemic may affect regions of the state differently in terms of timing, severity, and duration, [Agency Name] has identified orders of succession that are at least three deep per position while considering dispersing successors to various geographically separated locations, as appropriate. The [Agency Name] Orders of Succession are listed in the table below.

**[Insert Orders of Succession Table]**

## **C. DELEGATIONS OF AUTHORITY**

At the height of a pandemic wave, absenteeism may be significant, as such, [Agency Name] has established delegations of authority that are at least three deep to take into account the expected rate of absenteeism and regional nature of the outbreak to help assure continuity of operations over an extended time period. The [Agency Name] Delegations of Authority for the senior leadership and ERG members (as appropriate) are listed in the table below.

**[Insert Table of Essential Functions]**

## **D. CONTINUITY FACILITIES**

The traditional use of alternate work locations (AWL) to maintain essential functions and services may not be a viable option during a pandemic. Rather, safe work practices, which include social distancing and transmission interventions, reduce the likelihood of contacts with other people that could lead to disease transmission. [Agency Name] has developed preventative practices such as social distancing procedures, hygiene etiquette, and cancellation of agency non-essential activities to reduce the spread of the pandemic. Plans have also been established to relocate to an AWL, if applicable. The [Agency Name] Alternate Work Locations are listed in the table below.

**[Insert Alternate Work Locations Table]**

## **E. CONTINUITY COMMUNICATIONS**

According to the National Strategy Implementation Guidance, workplace risk can be minimized through implementation of systems and technologies that facilitate communication without person-to-person contact. [Agency Name] has identified communication systems needed to

perform essential functions. The [Agency Name] Continuity Communications plan for pandemics is discussed below.

## **F. ESSENTIAL RECORDS MANAGEMENT**

The [Agency Name] shall identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions during a pandemic outbreak. The [Agency Name] has identified systems, databases, and files that are needed to ensure essential functions remain operational. The [Agency Name] Essential Records for a pandemic are listed in the table below.

**[Insert Essential Records Table]**

## **G. HUMAN RESOURCES**

Although a pandemic influenza outbreak may not directly affect the physical infrastructure of an organization, a pandemic will ultimately threaten all operations by its impact on an organization's human resources. The health threat to personnel is the primary threat to maintaining essential functions and services during a pandemic outbreak. [Agency Name] has established plans to protect the entire employee population and their families, with additional guidance for key personnel, ERG members, and other essential personnel, should a pandemic influenza outbreak occur.

**[Insert/reference HR considerations (i.e., telework, employee emergency preparedness procedures, union representation, emergency pay codes, etc.).]**

## **H. TEST, TRAINING AND EXERCISES**

Testing, training, and exercising are essential to assessing, demonstrating, and improving an organization's ability to maintain its essential functions and services. The organization conducts annual tests, training, and exercises to ensure sustainable social distancing techniques, and to assess the impacts of reduced staff on the performance of essential functions. The organization conducts continuity exercises to examine the impacts of pandemic influenza on performing essential functions, and to familiarize personnel with their responsibilities. The organization has identified resources and trained continuity personnel, needed to perform essential functions.

**[Insert/reference any continuity test, training and exercise plans here.]**

## **I. DEVOLUTION OF CONTROL AND DIRECTION**

Devolution is the process of transferring operational control of one or more essential functions to a pre-determined responsible party or parties. Pandemic outbreaks will occur at different times, have variable durations, and may differ in the severity; therefore, full or partial devolution of essential functions may be necessary to continue essential functions and services. [Agency Name] has established plans and procedures for devolution, which identifies how it will transfer

operations, if pandemic influenza renders leadership and essential staff incapable or unavailable. The [Agency Name] Devolution of Control and Direction plan for pandemic influenza is here.

**[Insert/reference any devolution plans here.]**

## **J. RECONSTITUTION**

Reconstitution is the process whereby an organization has regained the capability and physical resources necessary to return to normal (pre-disaster) operations. The objective during reconstitution is to effectively manage, control, and, with safety in mind, expedite the return to normal operations. The [Agency Name] has developed reconstitution plans and procedures, in conjunction with local public health authorities, to ensure facilities/buildings are safe to return. The organization's reconstitution plan should consider the possibility that not all employees may be able to return to work at the time of reconstitution and that it may be necessary to hire temporary or permanent workers in order to complete the reconstitution process.

**[Insert/reference any reconstitution plans here.]**

## **VIII. CONCLUSION**

*The Conclusion section should revisit the need to address the specialized planning required to respond to an influenza pandemic and summarize the overall purpose of the Pandemic Influenza Continuity Plan.*

Maintaining [Agency Name] essential functions and services in the event of pandemic influenza requires additional considerations beyond traditional continuity planning. Unlike other hazards that necessitate the relocation of staff performing essential functions to an alternate operating facility, an influenza pandemic may not directly affect the physical infrastructure of the organization. As such, a traditional "continuity activation" may not be required during a pandemic influenza outbreak. However, a pandemic outbreak threatens an organization's human resources by removing essential personnel from the workplace for extended periods of time. Accordingly, the [Agency Name] continuity plan addresses the threat of a pandemic influenza outbreak. Continuity Plans for maintaining essential functions and services in a pandemic influenza should include implementing procedures such as social distancing, infection control, personal hygiene, and cross-training (to ease personnel absenteeism in a critical skill set). Protecting the health and safety of key personnel, ERG members, and other essential personnel must be the focused goal of the organization in order to enable the organizations to continue to operate effectively and to perform essential functions and provide essential services during a pandemic outbreak.

## **IV. APPENDICES**

### **A. APPENDIX 1: WORLD HEALTH ORGANIZATION PHASES**

## APPENDIX 1: WORLD HEALTH ORGANIZATION PHASES

The World Health Organizations (WHO) developed an alert system to help inform the world about the seriousness 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 pandemic. Organizations are encouraged to monitor the WHO phases and establish continuity “triggers” as deemed appropriate.

The phases are applicable globally and provide a framework to aid countries in pandemic preparedness and response planning. The use of a six-phased approach has been retained. However, the pandemic phases have been re-defined (Table 1). In addition, the time after the first pandemic wave has been elaborated into post peak and post pandemic periods.

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

<b>Phase 1</b>	No animal influenza virus circulating among animals has been reported to cause infection in humans.
<b>Phase 2</b>	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
<b>Phase 3</b>	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.
<b>Phase 4</b>	Human-to-human transmission (H2H) of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.
<b>Phase 5</b>	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.
<b>Phase 6</b>	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.
<b>Post-Peak Period</b>	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
<b>Possible New Wave</b>	Level of pandemic influenza activity in most countries with adequate surveillance rising again.
<b>Post- Pandemic Period</b>	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.