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OCEAN COUNTY HEALTH DEPARTMENT

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March 3, 2020

Dear Business Owner:

In an effort to provide current and accurate public health guidance associated with the novel coronavirus, COVID-19, the Ocean County Health Department is working diligently with the County's local businesses to respond with a timely and unified message. With the situation rapidly changing, outlined below and attached herein is an overview of current recommendations and resources as they may apply to you.

Health officials are currently taking steps to prevent the introduction and spread of COVID-19 into US communities. Businesses can play an important role in this effort. Recommended strategies for employers to use now include: Actively encourage sick employees to stay home; emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees; perform routine environmental cleaning; and advise employees before traveling to take certain steps as detailed in the guidance referenced below.

A list of specific interim business and workplace guidance and recommendations are available at the Centers for Disease Control and Prevention (CDC) website, <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>.

The Ocean County Health Department continues to monitor the current spread of COVID-19 in the United States and is committed to providing up-to-date information and guidance and to ensure that all the proper Public Health measures are put in place.

If you have any questions regarding this correspondence, please do not hesitate to contact the Ocean County Health Department.

Sincerely,

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March 3, 2020

Dear Faith-Based Leader:

In an effort to provide current and accurate public health guidance associated with the novel coronavirus, COVID-19, the Ocean County Health Department is working diligently with the County's local businesses to respond with a timely and unified message. With the situation rapidly changing, outlined below and attached herein is an overview of current recommendations and resources as they may apply to you.

Health officials are currently taking steps to prevent the introduction and spread of COVID-19 into US communities. Faith-based organizations can play an important role in this effort. Recommended strategies for faith-based leaders to use now include: Actively encourage sick staff and congregants to stay home; emphasize staying home when sick, respiratory etiquette and hand hygiene by all staff and congregants; perform routine environmental cleaning; and advise congregants before traveling to take certain steps as detailed in the guidance referenced below.

A list of interim guidance is available at the Centers for Disease Control and Prevention (CDC) website, <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>. Although referencing businesses, faith-based organizations can benefit from implementing similar steps.

The Ocean County Health Department continues to monitor the current spread of COVID-19 in the United States and is committed to providing up-to-date information and guidance and to ensure that all the proper Public Health measures are put in place.

If you have any questions regarding this correspondence, please do not hesitate to contact the Ocean County Health Department.

Sincerely,

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# Coronavirus Disease 2019 (COVID-19)

## Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposure in Travel-associated or Community Settings

Updated February 8, 2020

### Summary of Recent Changes

Revisions were made on February 8, 2020, to reflect the following:

- The term, “congregate settings” was defined and the definition of the term “social distancing” was updated.
- Updated guidance for exposure risk management was expanded to include
  - Crews on passenger or cargo flights
  - Workplaces
  - Contacts of asymptomatic people exposed to COVID-19

This interim guidance is effective as of February 3, 2020, and does not apply retrospectively to people who have been in China during the previous 14 days and are already in the United States.

CDC has provided separate guidance for [healthcare settings](#).

## Background

CDC is closely monitoring an outbreak of respiratory illness caused by a novel (new) coronavirus (named by the World Health Organization as “COVID-19”) that was first detected in Wuhan, Hubei Province, China and which continues to expand. Chinese health officials have reported thousands of infections with COVID-19 in China, with the virus reportedly spreading from person-to-person in many parts of that country. Infections with COVID-19, most of them associated with travel from Wuhan, also are being reported in a growing number of [international locations](#), including the [United States](#). The [first confirmed instance of person-to-person spread](#) of COVID-19 in the United States with this virus was reported on January 30, 2020.

Coronaviruses are a large family of viruses that are common in humans and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with [SARS](#), [MERS](#), and likely now with COVID-19.

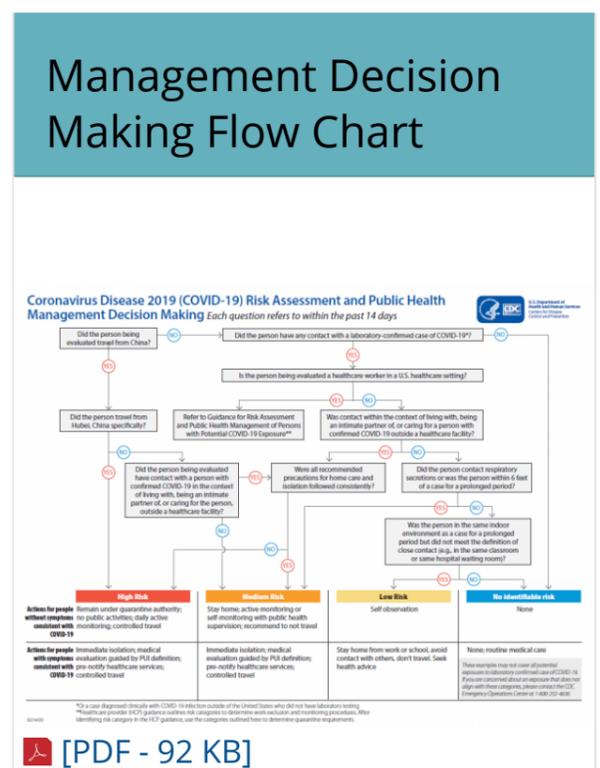
Current knowledge on how COVID-19 spreads is based on what is known about early COVID-19 cases and what is known about similar coronaviruses. Most often, spread from person-to-person happens during close exposure to a person infected with COVID-19. Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs, similar to how influenza viruses and other respiratory pathogens spread. These droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs. It is currently unclear if a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

## Purpose

CDC created this interim guidance to provide US public health authorities and other partners with a framework for assessing and managing risk of potential

Public Health

other partners with a framework for assessing and managing risk of potential exposures to COVID-19 and implementing public health actions based on a person's risk level and clinical presentation. Public health actions may include active monitoring or supervision of self-monitoring by public health authorities, or the application of movement restrictions, including isolation and quarantine, when needed to prevent the possible spread of COVID-19 in US communities. The recommendations in this guidance apply to US-bound travelers and people located in the United States who may have been exposed to COVID-19. CDC acknowledges that state and local jurisdictions may make risk management decisions that differ from those recommended here. However, a harmonized national approach will facilitate smooth coordination and minimize confusion. The guidance may be updated based on the evolving circumstances of the outbreak.



## Definitions Used in this Guidance

**Symptoms compatible with COVID-19 infection**, for the purpose of these recommendations, include subjective or measured fever, cough, or difficulty breathing.

**Self-observation** means people should remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, limit contact with others, and seek health advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

**Self-monitoring** means people should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever, cough, or difficulty breathing during the self-monitoring period to determine whether medical evaluation is needed.

**Self-monitoring with delegated supervision** means, for certain occupational groups (e.g., some healthcare or laboratory personnel, airline crew members), self-monitoring with oversight by the appropriate occupational health or infection control program in coordination with the health department of jurisdiction. The occupational health or infection control personnel for the employing organization should establish points of contact between the organization, the self-monitoring personnel, and the local or state health departments with jurisdiction for the location where self-monitoring personnel will be during the self-monitoring period. This communication should result in agreement on a plan for medical evaluation of personnel who develop fever, cough, or difficulty breathing during the self-monitoring period. The plan should include instructions for notifying occupational health and the local public health authority, and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if fever, cough, or difficulty breathing occur. The supervising organization should remain in contact with personnel through the self-monitoring period to oversee self-monitoring activities.

**Self-monitoring with public health supervision** means public health authorities assume the responsibility for oversight of self-monitoring for certain groups of people. CDC recommends that health departments establish initial communication with these people, provide a plan for self-monitoring and clear instructions for notifying the health department before the person seeks health care if they develop fever, cough, or difficulty breathing, and as resources allow, check in intermittently with these people over the course of the self-monitoring period. If travelers for whom public health supervision is recommended are identified at a US port of entry, CDC will notify state and territorial health departments with jurisdiction for the travelers' final destinations.

**Active monitoring** means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever, cough, or difficulty breathing. For people with high-risk exposures, CDC recommends this communication occurs at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.

**Close contact** is defined as in CDC's [Interim Guidance for Healthcare Professionals](#).

**Public health orders** are legally enforceable directives issued under the authority of a relevant federal, state, or local entity that, when applied to a person or group, may place restrictions on the activities undertaken by that person or group, potentially including movement restrictions or a requirement for monitoring by a public health authority, for the purposes of protecting the public's health. Federal, state, or local public health orders may be issued to enforce isolation, quarantine or conditional release. The list of [quarantinable communicable diseases](#) for which federal public health orders are authorized is defined by Executive Order and includes "severe acute respiratory syndromes." COVID-19 meets the definition for "severe acute respiratory syndromes" as set forth in Executive Order 13295, as amended by Executive Order 13375 and 13674, and, therefore, is a federally quarantinable communicable disease.

**Isolation** means the separation of a person or group of people known or reasonably believed to be *infected with a communicable disease and potentially infectious* from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

**Quarantine** in general means the separation of a person or group of people reasonably believed to have been *exposed to a communicable disease but not yet symptomatic*, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

**Conditional release** defines a set of legally enforceable conditions under which a person may be released from more stringent public health movement restrictions, such as quarantine in a secure facility. These conditions may include public health supervision through in-person visits by a health official or designee, telephone, or any electronic or internet-based means of communication as determined by the CDC Director or state or local health authority. A conditional release order may also place limits on travel or require restriction of a person's movement outside their home.

**Controlled travel** involves exclusion from long-distance commercial conveyances (e.g., aircraft, ship, train, bus). For people subject to active monitoring, any long-distance travel should be coordinated with public health authorities to ensure uninterrupted monitoring. Air travel is not allowed by commercial flight but may occur via approved noncommercial air transport. CDC may use public health orders or [federal public health travel restrictions](#) to enforce controlled travel. CDC also has the authority to issue travel permits to define the conditions of interstate travel within the United States for people under certain public health orders or if other conditions are met.

**Congregate settings** are public places where close contact with others may occur. Congregate settings include settings such as shopping centers, movie theaters, stadiums, [workplaces](#), and schools and other classroom settings.

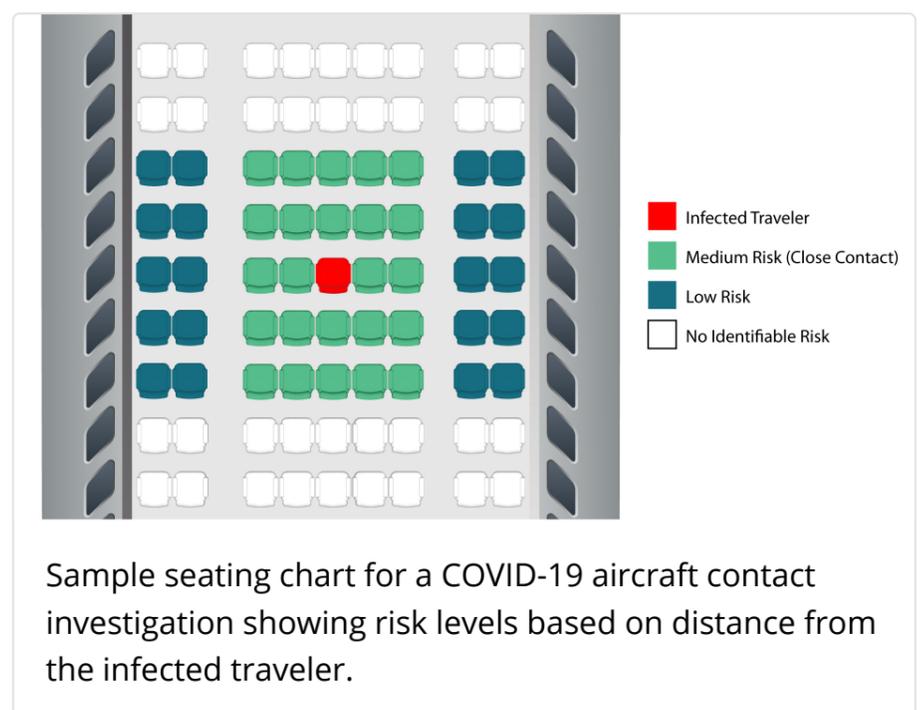
**Social distancing** means remaining out of congregated settings, avoiding local public transportation (e.g., bus, subway, taxi, ride share), and maintaining distance (approximately 6 feet or 2 meters) from others. If social distancing is recommended, presence in congregated settings or use of local public transportation should only occur with approval of local or state health authorities.

## Exposure Risk Categories

These categories should be considered interim and subject to change.

CDC has established the following exposure risk categories to help guide optimal public health management of people following potential SARS-CoV-2 exposure. These categories may not cover all potential exposure scenarios and should not replace an individual assessment of risk for the purpose of clinical decision making or individualized public health management. Any public health decisions that place restrictions on a person's or group's movements or impose specific monitoring requirements should be based on an assessment of risk for the person or group.

These risk levels apply to travel-associated and community settings. CDC has provided separate guidance for [healthcare settings](#).



All exposures apply to the 14 days prior to assessment and recommendations apply until 14 days after the exposure event.

## High Risk

- Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection ***without using recommended precautions*** for [home care](#) and [home isolation](#)
  - The same risk assessment applies for the above-listed exposures to a person diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing.
- Travel from Hubei Province, China

## Medium Risk

- Close contact with a person with symptomatic laboratory-confirmed COVID-19 infection, and not having any exposures that meet a high-risk definition.
  - The same risk assessment applies for close contact with a person diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing.
  - On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction ([refer to graphic above](#))
- Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection ***while consistently using recommended precautions*** for [home care](#) and [home isolation](#)
- Travel from mainland China outside Hubei Province AND not having any exposures that meet a high-risk definition

## Low Risk

- Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact
- On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed COVID-19 but not within 6 feet (2 meters) ([refer to graphic above](#)) AND not having any exposures that meet a medium- or a high-risk definition ([refer to graphic above](#))

## No Identifiable Risk

- Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

# Recommendations for Exposure Risk Management

State and local authorities have primary jurisdiction for isolation and other public health orders within their respective jurisdictions. Federal public health authority primarily extends to international arrivals at ports of entry and to preventing interstate communicable disease threats.

CDC recognizes that decisions and criteria to use such public health measures may differ by jurisdiction. Consistent with principles of federalism, state and local jurisdictions may choose to make decisions about isolation, other public health orders, and monitoring that exceed those recommended in federal guidance.

The issuance of a public health order should be considered in the context of other less restrictive means that could accomplish the same public health goals. People under public health orders must be treated with respect, fairness, and compassion, and public health authorities should take steps to reduce the potential for stigma (e.g., through outreach to affected communities, public education campaigns). Considerable, thoughtful planning by public health authorities is needed to implement public health orders properly. Specifically, measures must be in place to provide shelter, food, water, and other necessities for people whose movement is restricted under public health orders, and to protect their dignity and privacy.

CDC's recommendations for management of people with potential exposure to COVID-19, including monitoring and the application of travel or movement restrictions, are summarized in the [Table below](#).

Additional recommendations in specific groups or settings are provided below.

## Travelers from China

Travelers who have been in Hubei Province in the previous 14 days are reasonably believed to have a high risk of exposure to COVID-19 based on the scope and magnitude of the epidemic in that area. These travelers should be managed as having high-risk exposure.

For most travelers from areas of mainland China outside Hubei province, the exposure risk is unknown but believed to be lower than that from Hubei Province. Travelers with known exposures to a laboratory-confirmed case of COVID-19 should be managed according to the risk level as defined above. CDC has assigned a medium-risk level to travelers from mainland China outside Hubei Province who have no known high-risk exposures, with recommendations for public health management as provided in the [Table below](#).

In general, these geographic exposures do not apply to travelers who only transit through an airport.

## Crews on Passenger or Cargo Flights

Crew members who are based in the United States and who have been on layovers in mainland China outside Hubei Province within the previous 14 days, and who have no known exposure to persons with COVID-19, are assessed as low risk. These crew members should self-monitor under the supervision of the air carrier's occupational health program in coordination with the health department of jurisdiction for the crew member's residence in the United States. These crew members have no movement restrictions while in the United States and may continue to work on passenger or cargo flights as long as they remain asymptomatic. This recommendation is based on US-based air crews having limited interaction with the local population in China during a typical layover. If they develop fever, cough, or difficulty breathing, crew members should self-isolate and be excluded from work on flights immediately until cleared by public health authorities.

Crew members who are based in mainland China outside Hubei Province and who are in the United States for layovers are assessed as medium risk but may continue to work on passenger or cargo flights to and within the United States as long as they remain asymptomatic. These crew members should self-monitor under the supervision of the air carrier's occupational health program. These crew members are also recommended to remain in their hotels, limit activities in public, practice social distancing, and avoid congregate settings while in the United States. The air carrier should coordinate with the health department of jurisdiction for the airport to establish a plan for managing crew members identified as symptomatic while in the United States. If they develop fever, cough, or difficulty breathing, crew members should self-isolate and be excluded from work on commercial flights immediately until cleared by public health authorities.

Crew members who are based outside the United States but not in mainland China are assessed as low risk. These crew members should be managed as for US-based crew members. In this circumstance, the US health department responsible for the airport has jurisdiction.

Air carriers have the authority to adopt occupational health policies for their own employees that exceed CDC recommendations.

## Workplaces

People with low-risk exposures to SARS-CoV-2 are not restricted from public places, including workplaces, as long as they remain asymptomatic. Asymptomatic people with low-risk exposures are advised to self-observe until 14 days after their last potential exposure. Employers may choose to recommend that employees with low-risk exposures check their temperature to ensure they are still asymptomatic before arriving at the workplace.

Asymptomatic people with medium-risk exposures are recommended to avoid congregate settings, limit public activities, and practice social distancing. Employers may consider on a case-by-case basis, after consultation with state or local public health authorities, whether asymptomatic employees with medium-risk exposures may be able to work onsite. These decisions

should take into account whether individual employees' work responsibilities and locations allow them to remain separate from others during the entire work day. Asymptomatic employees with medium-risk exposures who are permitted to work onsite should not enter crowded workplace locations such as meeting spaces or cafeterias.

## People with Confirmed COVID-19 and Symptomatic People Under Investigation for COVID-19

People with confirmed COVID-19 should remain in isolation, either at home or in a healthcare facility as determined by clinical status, until they are determined by state or local public health authorities in coordination with CDC to be no longer infectious. The location of isolation will be determined by public health authorities and isolation may be compelled by public health order, if necessary. Local or long-distance travel is permitted only by medical transport (e.g., ambulance or air medical transport) or private vehicle. Isolation and travel restrictions are removed upon determination by public health authorities that the person is no longer considered to be infectious. Symptomatic people who meet CDC's definition of [Persons Under Investigation](#) (PUI) should be evaluated by healthcare providers in conjunction with local health authorities. PUIs awaiting results of [rRT-PCR testing](#) for COVID-19 should remain in isolation at home or in a healthcare facility until their test results are known. Depending on the clinical suspicion of COVID-19, PUIs for whom an initial rRT-PCR test is negative may be candidates for removal of any isolation and travel restrictions specific to symptomatic people, but any restrictions for asymptomatic people according to the assigned risk level should still apply. Management decisions of PUIs who are not tested should be made on a case-by-case basis, using available epidemiologic and clinical information, in conjunction with guidance in this document.

## Contacts of Asymptomatic People Exposed to COVID-19

CDC does not recommend testing, symptom monitoring or special management for people exposed to asymptomatic people with potential exposures to SARS-CoV-2 (such as in a household), i.e., "contacts of contacts;" these people are not considered exposed to SARS-CoV-2.

## Table: Summary of CDC Recommendations for Management of Persons with Potential COVID-19 Exposure by Risk Level and Symptoms

The public health actions recommended below apply to people who have been determined to have at least some risk for COVID-19. If people who are being managed as asymptomatic exposed people develop signs or symptoms compatible with COVID-19, they should be moved immediately into the symptomatic category and be managed according to the recommendations for symptomatic people in the applicable risk level.

**Note:** These risk levels apply to travel-associated and community settings. CDC will provide separate guidance for healthcare settings.

For recommendations for crew members on passenger or cargo flights, see section above.

### SYMPTOMATIC<sup>1</sup>

Risk Category	Movement Restrictions and Public Activities	Medical Evaluation	Travel
High risk	Immediate isolation.	Medical evaluation is recommended; diagnostic testing for COVID-19 should be guided by CDC's <a href="#">PUI definition</a> but is recommended for symptomatic people with a known high-risk exposure. If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended <a href="#">infection control precautions</a> in place.	Controlled; air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.

Risk Category	Movement Restrictions and Public Activities	Medical Evaluation	Travel
Medium risk	Immediate isolation.	Medical evaluation and care should be guided by clinical presentation; diagnostic testing for COVID-19 should be guided by CDC's <a href="#">PUI definition</a> If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended <a href="#">infection control precautions</a> in place.	Controlled; air travel only via approved air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.
Low risk	Recommendation to avoid contact with others and public activities while symptomatic	Person should seek health advice to determine if medical evaluation is needed. If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for COVID-19 should be guided by CDC's <a href="#">PUI definition</a>	Recommendation to not travel on long-distance commercial conveyances or local public transport while symptomatic
No Identifiable Risk <sup>2</sup>	No restriction	Routine medical care	No restriction

## ASYMPTOMATIC

Risk Category	Movement Restrictions and Public Activities	Monitoring	Travel
High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	<b>Travelers from mainland China outside Hubei Province with no known high-risk exposure:</b> Self-monitoring with public health supervision <b>All others in this category:</b> Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able to return if they become symptomatic during travel.
Low risk	No restriction	Self-observation	No restriction
No Identifiable Risk	No restriction	None	No restriction

EMS = Emergency medical services

HCF = healthcare facility

PUI = Person Under Investigation for COVID-19

<sup>1</sup>For the purpose of this document: subjective or measured fever, cough, or difficulty breathing.

<sup>2</sup>No restrictions on travel, movement, or activities due to COVID-19 concerns; however, restrictions might be recommended if the person is known or reasonably believed to have another communicable disease that poses a public health threat if others are exposed in community or travel settings.

Page last reviewed: February 11, 2020



## Coronavirus Disease 2019 (COVID-19)

# Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19), February 2020

This interim guidance is based on what is currently known [about the coronavirus disease 2019 \(COVID-19\)](#). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.

CDC is working across the Department of Health and Human Services and across the U.S. government in the public health response to COVID-19. Much is unknown about how the virus that causes COVID-19 spreads. Current knowledge is largely based on what is known about similar coronaviruses.

Coronaviruses are a large family of viruses that are common in humans and many different species of animals, including camels, cattle, cats, and bats. Rarely,

animal coronaviruses can infect people and then spread between people, such as with MERS-CoV and SARS-CoV. The virus that causes COVID-19 is spreading from person-to-person in China and some limited person-to-person transmission has been reported in countries outside China, including the United States. However, respiratory illnesses like seasonal influenza, are currently widespread in many US communities.

The following interim guidance may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings. The guidance also provides planning considerations if there are more widespread, community outbreaks of COVID-19.

To prevent stigma and discrimination in the workplace, use only the guidance described below to determine risk of COVID-19. Do not make determinations of risk based on race or country of origin, and be sure to maintain confidentiality of people with confirmed COVID-19. There is much more to learn about the transmissibility, severity, and other features of COVID-19 and investigations are ongoing. Updates are available on CDC's web page at [www.cdc.gov/coronavirus/covid19](http://www.cdc.gov/coronavirus/covid19).

## Recommended strategies for employers to use now:

- **Actively encourage sick employees to stay home:**
  - Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
  - Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
  - Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
  - Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
  - Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.

### CDC Industry Guidance

- [Resources for Airlines](#)
- [Resources for the Ship Industry](#)

### CDC Business Sector

Dr. Messonnier provides a situational update on COVID-19 for CDC private sector partners.

- **Separate sick employees:**
  - CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).
- **Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:**
  - Place posters that encourage [staying home when sick](#), [cough and sneeze etiquette](#), and [hand hygiene](#) at the entrance to your workplace and in other workplace areas where they are likely to be seen.
  - Provide tissues and no-touch disposal receptacles for use by employees.
  - Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
  - Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.
  - Visit the [coughing and sneezing etiquette](#) and [clean hands webpage](#) for more information.
- **Perform routine environmental cleaning:**
  - Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
  - No additional disinfection beyond routine cleaning is recommended at this time.
  - Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.
- **Advise employees before traveling to take certain steps:**
  - Check the [CDC's Traveler's Health Notices](#) for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from China, and information for aircrew, can be found at on the [CDC website](#).
  - Advise employees to check themselves for symptoms of [acute respiratory illness](#) before starting travel and notify their supervisor and stay home if they are sick.
  - Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.
  - If outside the United States, sick employees should follow your company's policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.
- **Additional Measures in Response to Currently Occurring Sporadic Importations of the COVID-19:**
  - Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.
  - If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.

## Planning for a Possible COVID-19 Outbreak in the US

The severity of illness or how many people will fall ill from COVID-19 is unknown at this time. If there is evidence of a COVID-19 outbreak in the U.S., employers should plan to be able to respond in a flexible way to varying levels of severity and be prepared to refine their business response plans as needed. For the general American public, such as workers in non-healthcare settings and where it is unlikely that work tasks create an increased risk of exposures to COVID-19, the immediate health risk from COVID-19 is considered low. The CDC and its partners will continue to monitor national and international data on the severity of illness caused by COVID-19, will disseminate the results of these ongoing surveillance assessments, and will make additional recommendations as needed.

## Planning Considerations

All employers need to consider how best to decrease the spread of acute respiratory illness and lower the impact of COVID-19 in their workplace in the event of an outbreak in the US. They should identify and communicate their objectives, which may include one or more of the following: (a) reducing transmission among staff, (b) protecting people who are at higher risk for adverse health complications, (c) maintaining business operations, and (d) minimizing adverse effects on other entities in their supply chains. Some of the key considerations when making decisions on appropriate responses are:

- Disease severity (i.e., number of people who are sick, hospitalization and death rates) in the community where the business is located;
- Impact of disease on employees that are vulnerable and may be at higher risk for COVID-19 adverse health complications. Inform employees that some people may be at higher risk for severe illness, such as older adults and those with chronic medical conditions.
- Prepare for possible increased numbers of employee absences due to illness in employees and their family members, dismissals of early childhood programs and K-12 schools due to high levels of absenteeism or illness:
  - Employers should plan to monitor and respond to absenteeism at the workplace. Implement plans to continue your essential business functions in case you experience higher than usual absenteeism.
  - Cross-train personnel to perform essential functions so that the workplace is able to operate even if key staff members are absent.
  - Assess your essential functions and the reliance that others and the community have on your services or products. Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations if needed).
- Employers with more than one business location are encouraged to provide local managers with the authority to take appropriate actions outlined in their business infectious disease outbreak response plan based on the condition in each locality.
- Coordination with [state](#) and [local](#) health officials is strongly encouraged for all businesses so that timely and accurate information can guide appropriate responses in each location where their operations reside. Since the intensity of an outbreak may differ according to geographic location, local health officials will be issuing guidance specific to their communities.

## Important Considerations for Creating an Infectious Disease Outbreak Response Plan

All employers should be ready to implement strategies to protect their workforce from COVID-19 while ensuring continuity of operations. During a COVID-19 outbreak, all sick employees should stay home and away from the workplace, respiratory etiquette and hand hygiene should be encouraged, and routine cleaning of commonly touched surfaces should be performed regularly.

### Employers should:

- Ensure the plan is flexible and involve your employees in developing and reviewing your plan.
- Conduct a focused discussion or exercise using your plan, to find out ahead of time whether the plan has gaps or problems that need to be corrected.
- Share your plan with employees and explain what human resources policies, workplace and leave flexibilities, and pay and benefits will be available to them.
- Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts.

### Recommendations for an Infectious Disease Outbreak Response Plan:

- Identify possible work-related exposure and health risks to your employees. OSHA has more information on how to [protect workers from potential exposures](#) to COVID-19.
- Review human resources policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws (for more information on employer responsibilities, visit the [Department of Labor's](#) and the [Equal Employment Opportunity Commission's](#) websites).

- Explore whether you can establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies. For employees who are able to telework, supervisors should encourage employees to telework instead of coming into the workplace until symptoms are completely resolved. Ensure that you have the information technology and infrastructure needed to support multiple employees who may be able to work from home.
- Identify essential business functions, essential jobs or roles, and critical elements within your supply chains (e.g., raw materials, suppliers, subcontractor services/products, and logistics) required to maintain business operations. Plan for how your business will operate if there is increasing absenteeism or these supply chains are interrupted.
- Set up authorities, triggers, and procedures for activating and terminating the company's infectious disease outbreak response plan, altering business operations (e.g., possibly changing or closing operations in affected areas), and transferring business knowledge to key employees. Work closely with your local health officials to identify these triggers.
- Plan to minimize exposure between employees and also between employees and the public, if public health officials call for social distancing.
- Establish a process to communicate information to employees and business partners on your infectious disease outbreak response plans and latest COVID-19 information. Anticipate employee fear, anxiety, rumors, and misinformation, and plan communications accordingly.
- In some communities, early childhood programs and K-12 schools may be dismissed, particularly if COVID-19 worsens. Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from school. Businesses and other employers should prepare to institute flexible workplace and leave policies for these employees.
- Local conditions will influence the decisions that public health officials make regarding community-level strategies; employers should take the time now to learn about plans in place in each community where they have a business.
- If there is evidence of a COVID-19 outbreak in the US, consider canceling non-essential business travel to additional countries per [travel guidance](#) on the CDC website.
  - Travel restrictions may be enacted by other countries which may limit the ability of employees to return home if they become sick while on travel status.
  - Consider cancelling large work-related meetings or events.
- Engage [state](#) and [local](#) health departments to confirm channels of communication and methods for dissemination of local outbreak information.

## Resources for more information:

### CDC Guidance

- [COVID-19 Website](#)
- [What You Need to Know About COVID-19](#) 
- [What to Do If You Are Sick With COVID-19](#) 
- [Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 \(COVID-19\) Exposure in Travel-associated or Community Settings](#)
- [Health Alert Network](#)
- [Travelers' Health Website](#)
- [National Institute for Occupational Safety and Health's Small Business International Travel Resource Travel Planner](#) 
- [Coronavirus Disease 2019 Recommendations for Ships](#)

### Other Federal Agencies and Partners

- OSHA Guidance: [https://www.osha.gov/SLTC/novel\\_coronavirus/index.html](https://www.osha.gov/SLTC/novel_coronavirus/index.html) 



## New Jersey Department of Health COVID-19: A Guide for Businesses March 2, 2020

Many employers and businesses in New Jersey are concerned about the current outbreak of the 2019 Novel Coronavirus (COVID-19) and potential impacts to their business communities and wish to take appropriate steps to mitigate any risks. The Centers for Disease Control and Prevention (CDC) is working hard to learn as much as possible about this COVID-19 so that we can better understand how it spreads and characterize its associated illness. The New Jersey Department of Health is also working hard to develop guidance and education materials, in the face of evolving information.

Though the CDC considers COVID-19 to be a serious public health concern based on current information, the immediate health risk to the general U.S. public is considered low at this time. The CDC and the World Health Organization are closely monitoring the national and global situation and providing ongoing guidance. Updated travel information specific to COVID-19 can be found at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

The New Jersey Department of Health is providing guidance and resources for businesses which may help prevent workplace exposures to acute respiratory illnesses, including COVID-19. This guidance is, in part, based on new and evolving scientific information available on COVID-19 transmission and the need to limit transmission in our communities.

### **What is the difference between seasonal and novel coronavirus?**

Coronaviruses are a family of viruses and there are different types of coronavirus within that family, much like there are different types of influenza viruses. Coronaviruses, in general, are not new, are quite common and are a frequent cause of respiratory illnesses such as the common cold. Coronaviruses tend to circulate in the fall and winter months, similar to influenza. Most people get infected with these viruses at some point in their lives.

The type of coronavirus that has recently emerged in Wuhan, China **is a new type** of coronavirus and is infecting people for the first time (which means that people do not have any immunity to it). This newly discovered virus is called SARS-CoV-2 and is causing a disease named COVID-19.

### **What are common symptoms of COVID-19?**

Information to date suggests this virus is causing symptoms consistent with a respiratory illness such as cough, fever, and shortness of breath.

## **How is COVID-19 spread?**

At this time, it's unclear how easily or sustainably this virus is spreading between people. Typically, with most respiratory viruses, people are thought to be most contagious when they are most symptomatic (the sickest). Chinese officials report that sustained person-to-person spread in the community is occurring in China. Similar spread has been reported in other countries. Person-to-person spread in the United States has been detected, but the risk to the general public remains low. Cases in healthcare settings, like hospitals, may also occur.

## **What preventive measures should be taken to help reduce the spread of respiratory viruses?**

NJDOH recommends that employers increase education on respiratory hygiene. Individuals should be asked to follow these steps to prevent the transmission of respiratory infections:

- Cover your coughs and sneezes with a tissue or into your sleeve, not your hands.
- Avoid touching your eyes, nose and mouth.
- Wash hands often for at least 20 seconds, especially after coughing or sneezing. Use alcohol-based hand sanitizer if soap and water are not available.
- Stay home from work if you're sick.
- Avoid people who are sick.
- Get a flu shot – it's not too late to be protected.
- Clean and disinfect frequently touched surfaces and objects.

## **How is COVID-19 treated?**

Currently, there is no specific antiviral treatment recommended for the coronavirus. There is no vaccine to prevent this virus, and the CDC advises that the best way to prevent infection is to avoid being exposed to this virus. These include washing hands often with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer if soap and water are not available and avoiding others who are sick.

## **How should employers prepare for the potential of coronavirus in their business community?**

NJDOH suggest carefully reviewing CDC interim guidance for businesses which may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings. The guidance also provides planning considerations if there are more widespread, community outbreaks of COVID-19.

### **This guidance is available at:**

[https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-business-response.html](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-business-response.html)

To prevent stigma and discrimination in the workplace, the guidance described below should be used to assess risk of COVID-19. Do not make determinations of risk based on race or country of origin and be sure to maintain confidentiality of people with confirmed COVID-19. There is much more to learn about the transmissibility, severity, and other features of COVID-19 and investigations are ongoing.

### **Can employees that are scheduled to travel abroad still go?**

Any person or group planning a trip abroad should consult the CDC website for current travel advisories regarding any travel restrictions. The situation is evolving so travelers should stay up to date with CDC's travel health notices related to this outbreak at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>. These notices will be updated as more information becomes available.

### **Do business events need to be canceled?**

At this time, there is no need to cancel business or social events. There are no cases of COVID-19 in New Jersey, and there are no restrictions on public gatherings.

### **If an employee has recently returned from China within the past 14 days, should they be excluded from work?**

- Travelers returning from mainland China will undergo a health screening and up to 14 days of self-quarantine with health monitoring to ensure they have not contracted the virus and do not pose a public health risk.
- All asymptomatic (without symptoms) individuals under monitoring must be excluded from work for 14 days from their last date in China.
- Travelers will be asked to self-quarantine and self-monitor as directed by public health recommendations and to seek care if ill.

### **If an employee has recently traveled abroad, excluding China, should they be excluded from work?**

CDC has issued travel advisories for several countries. Details can be found here: <https://wwwnc.cdc.gov/travel>. CDC is not recommending that these individuals be screened or monitored and should not be excluded from work. However, if an employee has traveled to one of the countries listed on this website, they should monitor for the following symptoms for 14 days after their return:

- Fever
- Cough
- Difficulty breathing

If symptoms develop in individuals who are likely to have been exposed to COVID-19 they should:

- Seek medical care right away. Before seeking care at a doctor's office or emergency room, they should call ahead and tell them about recent travel and symptoms.
- Wear a surgical mask while in transit to limit transmission.
- Avoid mass transit when seeking care if possible.
- Cover mouth and nose with a tissue or sleeve (not your hands) when coughing or sneezing.

### **What should I do if an employee becomes sick while at work?**

Employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available). This is the recommendation whether the employee might have COVID-19 or any of the much more common respiratory viruses.

### **If a coworker is diagnosed with COVID-19, can I get it from the office environment?**

Currently, there are no confirmed cases of COVID-19 in New Jersey. If a coworker was diagnosed with coronavirus, it is most likely the common seasonal coronavirus, not COVID-19 which can only be identified at the state public health laboratory or CDC. Seasonal coronaviruses are spread like any other respiratory illness so precautions like hand hygiene, covering your mouth when coughing or sneezing, staying home when sick, and avoiding sick people are things individuals can do to prevent illness.

### **Should employees who may have been in contact with someone with coronavirus wear a surgical mask?**

There is little need for the general public to wear face masks in the U.S. currently as the threat level is low. But for people who are in close contact with an infected person, a mask may be helpful if used properly. They are not 100% effective as the virus can enter through the sides of the mask or enter the body through the eyes. The CDC does not currently recommend the use of face masks among the general public. While limited person-to-person spread among close contacts has been detected, this virus is not currently spreading in the community in the United States. Surgical masks can help prevent the spread of disease when worn by a sick person.

### **Are there special recommendations for cleaning?**

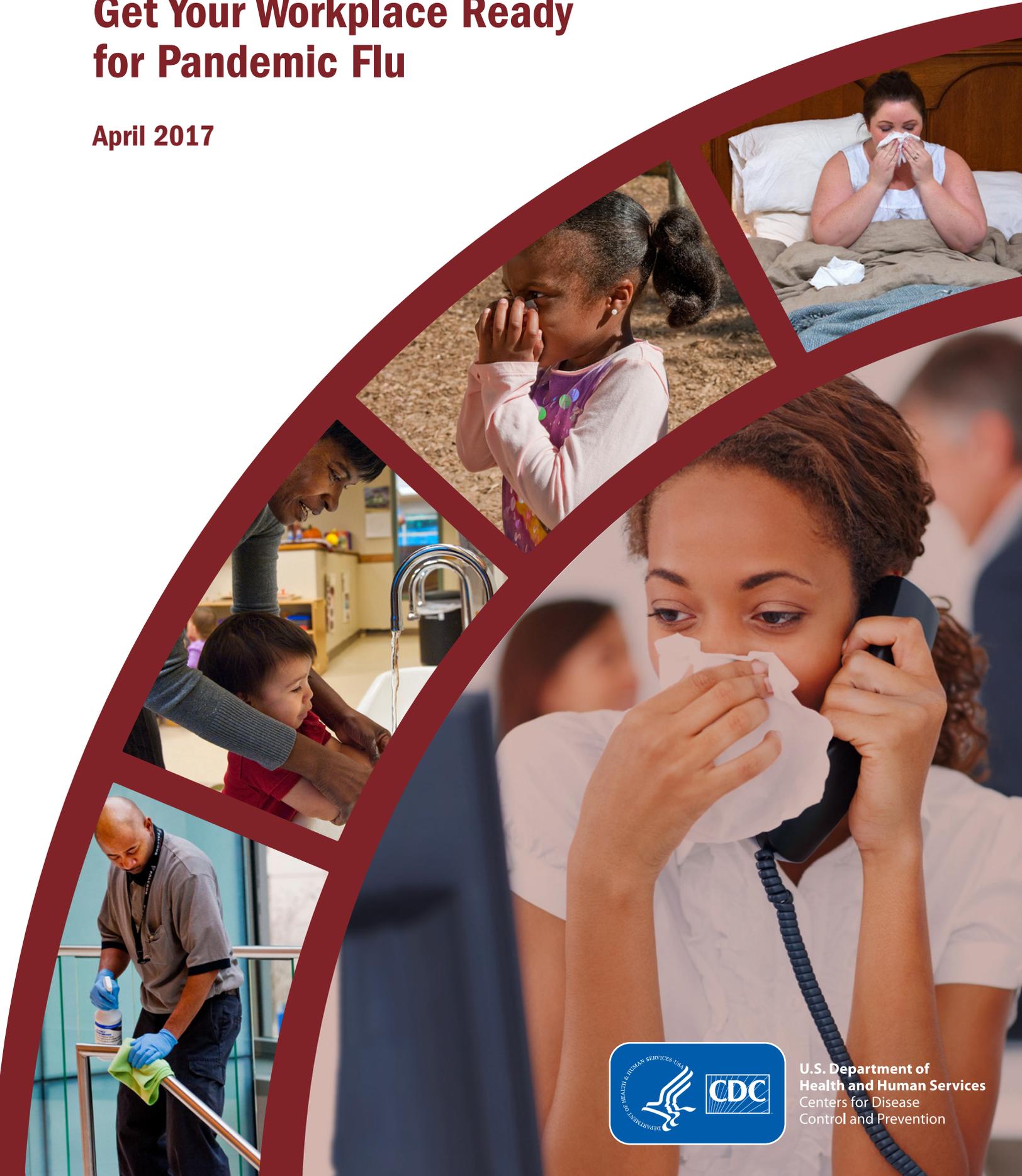
- Special sanitizing processes beyond routine cleaning is not necessary or recommended to slow the spread of respiratory illness.
- Businesses should follow standard procedures for routine cleaning and disinfecting with an EPA-registered product. Typically, this means daily sanitizing surfaces and objects that are frequently touched.
- Disposable wipes should be provided so that commonly used surfaces, e.g., doorknobs, keyboards, desks, etc. can be wiped down by employees before each use.

### **Resources**

- NJDOH – General Information Page
  - <https://www.nj.gov/health/cd/topics/ncov.shtml>
- CDC – General Information Page
  - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC – Home Isolation Guide
  - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>
- NJDOH – Local Health Department Directory
  - [www.localhealth.nj.gov](http://www.localhealth.nj.gov)

# Get Your Workplace Ready for Pandemic Flu

April 2017



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

# Contents

<b>Keep Your Workers Healthy and Maintain Productivity by Planning for Pandemic Flu</b> .....	<b>3</b>
Pandemic flu is not seasonal flu.....	3
NPIs can help slow the spread of flu.....	3
Personal, community, and environmental NPIs.....	4
<b>Take Action to Help Slow the Spread of Flu and Illness</b> .....	<b>5</b>
Everyday preventive actions .....	5
NPIs reserved for a flu pandemic .....	5
<b>Before a Flu Pandemic Occurs: Plan</b> .....	<b>6</b>
Update your existing emergency operations plan .....	6
Address key prevention strategies in your emergency operations plan.....	7
Communicate about pandemic flu and NPIs .....	8
Get input and support for your emergency operations and communication plans.....	8
<b>During a Flu Pandemic: Take Action</b> .....	<b>9</b>
Put your emergency operations and communication plans into action .....	9
Communicate frequently with those in your communication chain .....	10
Take administrative action (as needed) to maintain operations.....	11
<b>After a Flu Pandemic Has Ended: Follow Up</b> .....	<b>12</b>
Evaluate the effectiveness of your emergency operations and communication plans.....	12
<b>Readiness Resources</b> .....	<b>13</b>
Pandemic flu planning resources.....	13
Seasonal flu planning resources .....	14

**Audience:** Employers and workers responsible for planning for and responding to a flu pandemic and its recovery.

**Purpose:** This guide provides information about **nonpharmaceutical interventions (NPIs)** and their use during a flu pandemic. NPIs are actions, apart from getting vaccinated and taking antiviral medications, that people and communities can take to help slow the spread of respiratory illnesses like pandemic flu. Use this guide to develop a new contingency plan or modify an existing emergency operations plan for pandemic flu that reflects considerations specific to your workplace setting and community.

## ICON LEGEND



**Tips**



**Readiness Resources**



**Questions**

# Keep Your Workers Healthy and Maintain Productivity By Planning For Pandemic Flu

**Influenza** can spread quickly from sick workers to others who are nearby in the workplace. Seasonal influenza, also known as “the flu,” is a contagious respiratory illness caused by flu viruses that infect the nose, throat, and lungs (see **flu symptoms and complications**). Workers are often in close contact, sharing the same space, supplies, and equipment for long periods of time. As a result, there is an increased risk that workers will spread flu and other illnesses to each other. Flu spreads mostly by droplets containing flu viruses traveling through the air (up to 6 feet) when a sick person coughs or sneezes. Less often, people might get flu by touching surfaces or objects with flu viruses on them and then touching their eyes, nose, or mouth.

The best way to prevent the flu is by getting a flu vaccine. CDC recommends a yearly flu vaccine for everyone 6 months and older. Vaccination can reduce flu illnesses, doctors’ visits, and missed work due to flu illness, as well as prevent flu-related hospitalizations. CDC also recommends that people practice *everyday preventive actions* (or personal NPIs) at all times to protect themselves and their community from flu and other respiratory infections (see Page 5).

Each year, seasonal flu is responsible for nearly 17 million missed workdays and costs more than \$10 billion in direct medical expenses;\* these numbers may increase during a flu pandemic. *Flu pandemics are much less common but can occur at any time.* Do not let your workplace be caught by surprise! Just as you prepare for seasonal flu, you should prepare for pandemic flu. Establishing flexible sick-leave policies is the single most important action for employers to consider when preparing for flu pandemics. When sick workers are at work, they can spread flu to others and increase the number of people who become sick. Allowing sick workers to stay home until they recover reduces the risk of flu spreading in the workplace and supports business continuity of operations.

Most workplace settings have developed an emergency operations plan that addresses a range of crises. Make sure your workplace has a contingency plan that includes policies and procedures that are flexible and can align with future public health recommendations that may occur during a flu pandemic.

\*Molinari NA, et al. Vaccine 25 (2007)

## Pandemic flu is not seasonal flu

A **flu pandemic** occurs when a new flu virus that is different from seasonal flu viruses emerges and spreads quickly between people, causing illness worldwide. Most people will lack immunity to the pandemic flu virus. Pandemic flu can be more severe, causing more deaths than seasonal flu. Because it is a new virus, a vaccine may not be available right away. A pandemic could therefore overwhelm normal operations in workplace settings. Read more about the important **differences between seasonal flu and pandemic flu**.

## NPIs can help slow the spread of flu

When a new flu virus emerges, it can take up to 6 months before a **pandemic flu vaccine** is widely available. When a vaccine is not available, NPIs are the best way to help slow the spread of flu. They include personal, community, and environmental actions. These actions are most effective when used together (see Page 4).

As an employer, you play a key role in flu readiness. Planning for and practicing NPI actions will help your workplace respond more effectively when an actual emergency occurs. Safeguard the health of your workers, customers, and the community by making sure your contingency plan includes provisions for pandemic flu. Most importantly, develop flexible policies and procedures that allow workers to stay home when they are sick during a pandemic.



**Personal NPIs** are everyday preventive actions that can help keep people from getting and/or spreading flu. These actions include staying home when you are sick, covering your coughs and sneezes with a tissue, and washing your hands often with soap and water.



**Community NPIs** are strategies that organizations and community leaders can use to help limit face-to-face contact. These strategies may include making sick-leave policies more flexible, promoting telework, avoiding close contact with others, and scheduling remote meetings.



**Environmental NPIs** are surface cleaning measures that remove germs from frequently touched surfaces and objects.



**CDC has created resources to help you plan for a flu pandemic.**

Visit [www.cdc.gov/npi](http://www.cdc.gov/npi) for the latest information and resources about nonpharmaceutical interventions (NPIs).



**Center for Infectious Disease Research and Policy's Toolkit for Doing Business During an Influenza Pandemic**

<http://www.cidrap.umn.edu/sites/default/files/public/downloads/cidrap-shrm-hr-pandemic-toolkit.pdf>

# Take Action to Help Slow the Spread of Flu and Illness

CDC has developed recommended actions for preventing the spread of flu in workplace settings. Promote and reinforce the practice of *everyday preventive actions* at all times. Plan for and educate workers about additional community NPI actions that may be recommended by public health officials, if a flu pandemic occurs.

Work closely with your local public health department before a pandemic occurs to establish a flexible contingency plan that includes actions to take during a mild, moderate, severe, very severe, or extreme pandemic. Be prepared to take actions that are appropriate for the **level of severity** of the local pandemic outbreak. The **Before, During, and After** sections of this guide offer suggested actions to help you plan for and implement these recommendations.

## EVERYDAY PREVENTIVE ACTIONS

*Everyone should always practice good personal health habits to help prevent flu.*



**Stay home when you are sick.** Stay home for at least 24 hours after you no longer have a fever or signs of a fever without the use of fever-reducing medicines.



**Cover your coughs and sneezes with a tissue.**



**Wash your hands often with soap and water for at least 20 seconds.** Use at least a 60% alcohol-based hand sanitizer if soap and water are not available.



**Clean frequently touched surfaces and objects.**

## NPIs RESERVED FOR A FLU PANDEMIC

*Employers should be prepared to take these additional actions, if recommended by public health officials.\**



**Allow workers to telework, if feasible.**



**Be prepared to allow workers to stay home if someone in their house is sick.**



**Increase space between people at work to at least 3 feet, as much as possible.**



**Decrease the frequency of contact among people at work.**



**Modify, postpone, or cancel large work events.**



**Postpone or cancel non-essential work-related travel.**

\*These additional actions may be recommended for severe, very severe, or extreme flu pandemics.



## Planning for a flu pandemic is a wise investment.

Most large workplaces find it important to develop continuity-of-operations plans for a range of emergencies. Make sure your plan includes preparations for a flu pandemic and is flexible to accommodate pandemic outbreaks of varying severity levels.



## What Employers can do to Protect Workers from Pandemic Influenza, from the U.S. Department of Labor, Occupational Safety and Health Administration

<https://www.osha.gov/Publications/employers-protect-workers-flu-factsheet.html>

Note: The following sections include CDC's recommended actions for preventing the spread of pandemic flu and suggested strategies for implementing these recommendations.

# Before a Flu Pandemic Occurs: Plan

## Did you know community-wide pandemic flu planning by employers can help limit the impact to the economy and community?

A flu pandemic can last for several months. Public health officials may recommend additional community actions based on the **severity of the pandemic** that limit exposure, such as flexible sick-leave and telework policies. These recommendations may be challenging to plan for and implement in your workplace. However, you may be asked to follow such recommendations for the safety and well-being of your workers and the community.

- ✓ **Establishing ongoing communication with your local public health department now can give you access to relevant information before and during a pandemic.** Having a good contingency plan in place and developing flexible policies and procedures to accommodate public health recommendations can help reduce infection. During your planning process, remember to engage key partners across both public and private sectors. Also, the specific details of your plan should be based on the severity of the pandemic and the size of your workplace and workforce, complexity of your day-to-day operations, and type of services your workplace provides.

Community-wide planning is essential to responding to and recovering from a flu pandemic. Find out if your local government has a private-public emergency planning group that meets regularly. Building strong alliances before a pandemic may provide your workplace with the support and resources needed to respond effectively.



**Small Workplaces:** A flu pandemic can be especially challenging for small workplaces. Up to 40% of workplaces never reopen following a major disaster. Planning for flu or other disasters is key. Put strategies in place to protect your workers, customers, and business.

## Update your existing emergency operations plan

- ✓ **Meet with your emergency operations coordinator or planning team to update your emergency operations plan.** If your workplace does not have a person or team in place, determine who will be responsible for coordinating your workplace's pandemic flu actions. Review all aspects of your workplace, such as personnel, systems, services, and other resources. Make preparations for the key prevention strategies outlined in this guide. Develop or update your plan based on various scenarios your workplace may face during a flu pandemic.



**Small Workplaces:** Select an emergency planning coordinator and one support person to plan for emergencies like pandemic flu. They will be responsible for engaging community partners in planning efforts, reviewing workplace policies and protocols, and identifying critical workplace functions and positions to maintain during an emergency. Learn more about pandemic flu and Continuity of Operations Planning by visiting <https://www.fema.gov/media-library/assets/documents/93250>

- ✓ **Establish relationships with key community partners and stakeholders.** When forming key relationships, include the local public health department, local boards of education, and community leaders. Collaborate and coordinate with them on broader planning efforts. Clearly identify each partner's role, responsibilities, and decision-making authority. Review the pandemic flu plan for your community and participate in community-wide emergency preparedness activities.

## Address key prevention strategies in your emergency operations plan

- ✓ **Promote the daily practice of everyday preventive actions at all times** (see Page 5). Use health messages and materials developed by credible public health sources, such as your local public health department or the Centers for Disease Control and Prevention (CDC). **Read more about everyday preventive actions.**
- ✓ **Provide flu-prevention supplies in your workplace.** Have supplies on hand for workers, such as soap, hand sanitizer with at least 60% alcohol, tissues, trash baskets, and disposable facemasks. Plan to have extra supplies on hand during a pandemic. *Note: Disposable facemasks should be kept on-site and used only when someone becomes sick at the workplace. Those who become sick should be given a clean disposable facemask to wear until they can leave.*
- ✓ **Plan for worker absences.** Develop flexible pandemic flu attendance and sick-leave policies. Workers may need to stay home when they are sick, caring for a sick household member, or caring for their children in the event of school dismissals. Identify critical job functions and positions, and plan for alternative coverage by cross-training staff (similar to planning for holiday staffing).
- ✓ **Develop a method for monitoring and tracking flu-related worker absences.** Understand your usual absenteeism patterns at each worksite. Determine what level of absenteeism will disrupt day-to-day operations. If worker absenteeism increases to disruptive levels, some workplaces may need to consider temporarily reducing on-site operations and services.
- ✓ **Identify space that can be used to separate sick people (if possible).** Designate a space for people who may become sick and cannot leave the workplace immediately. If possible, designate a nearby separate bathroom just for sick people. Develop a plan for cleaning the room daily.
- ✓ **Plan ways to increase space between people to at least 3 feet or limit face-to-face contact between workers and those who come to the workplace.** Several ways to do this include offering workers the option to telework, creating reduced or staggered work schedules, spacing workers farther apart, and postponing non-essential meetings and travel.
- ✓ **Develop a risk-assessment and risk-management process for your workplace.** Work closely with local

public health officials to develop a contingency plan if assessing and managing risks among workers and those who come to your workplace is needed (for example, conducting health screenings for flu-like symptoms).

*Note: Your Human Resources Manager may want to review the current Employee Assistance Program (EAP) to ensure workers will have access to needed emotional and mental health services during and after a pandemic.*

- ✓ **Review your process for planning workplace events.** Identify actions to take if you need to temporarily postpone or cancel events.
- ✓ **Plan ways to continue essential services if on-site operations are reduced temporarily.** Provide Web- and mobile-based communication and services, if possible. Increase the use of email, conference calls, video conferencing, and web-based seminars.
- ✓ **Be familiar with your local board of education's pandemic flu plans.** Local public health officials may recommend schools be dismissed for up to 2 weeks until they have time to gather information about how fast the pandemic flu virus is spreading in your community and how severe the flu is. Workers with children may need the flexibility to work from home. Encourage workers to plan for alternative childcare arrangements now.



**Small Workplaces:** Determine if social media would be a helpful tool to increase and sustain your business before and during a pandemic. Consider creating a strong social media plan to provide information to customers and help secure online business and revenue in the event your workplace has to temporarily reduce on-site services.



## Communicate about pandemic flu and NPIs

- ✓ **Update your emergency communication plan for distributing timely and accurate information.** Identify everyone in your chain of communication (for example, workers, customers, suppliers, and key community partners and stakeholders) and establish systems for sharing information with them. Maintain up-to-date contact information for everyone in the chain of communication. Identify platforms, such as a hotline, automated text messaging, and a website to help disseminate information to those inside and outside your workplace.
- ✓ **Identify and address potential language, cultural, and disability barriers associated with communicating pandemic flu information to workers and customers.** Learn more about reaching people of diverse languages and cultures by visiting [www.cdc.gov/healthcommunication/Audience/index.html](http://www.cdc.gov/healthcommunication/Audience/index.html). You also can learn more about communicating to workers in a crisis at [www.ready.gov/business/implementation/crisis](http://www.ready.gov/business/implementation/crisis)



## Get input and support for your emergency operations and communication plans

- ✓ **Share your plans with workers, suppliers, and key community partners and stakeholders.** Develop training and educational materials about the plans for workers.
- ✓ **Test and update your plans every 12–18 months, or as aspects of your workplace change.** Start with discussion-based practice sessions, such as tabletop exercises to identify and address the gaps in your plans.



### Create a culture of health and resilience for emergencies in your workplace.

Plan workshops, trainings, and health campaigns to help workers create emergency care and response plans for their households. Create a plan for providing health information to workers. Consider using multiple forms of communication, such as a website, text messaging, social media, or an automated phone system.

# During a Flu Pandemic: Take Action

## Did you know a flu pandemic could seriously impact the nation's economy, accruing costs of \$100-\$250 billion?

It is important that your emergency operations planning team meets regularly during a pandemic to accurately assess, manage, and communicate possible risks. Early action to slow the spread of flu will help keep workers healthy, reduce absenteeism, maintain productivity, and limit the negative impact of flu.

### Put your emergency operations and communication plans into action

- ✓ **Stay informed about the local flu situation.** Get up-to-date information about local flu activity from public health officials. Be aware of temporary school dismissals in your area because these may affect your workers.

*Note: Early in the pandemic, local public health officials may recommend schools be dismissed temporarily to allow time to gather information about how fast and severe the flu virus is spreading in your community. Temporarily dismissing schools also can help slow the spread of flu.*

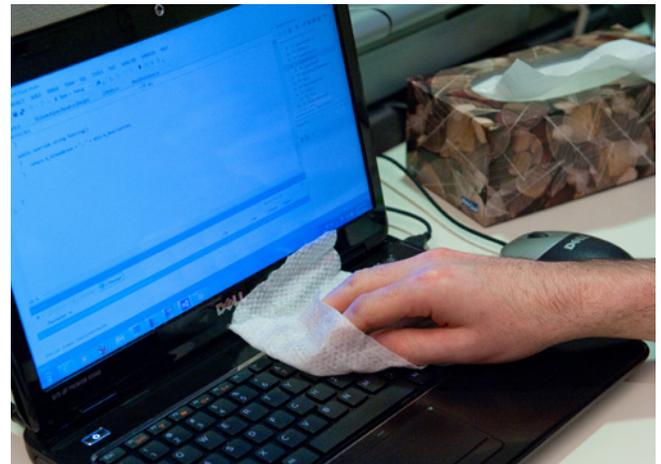


**Small Workplaces:** Work closely with your local public health department to learn how flu is affecting your community and what steps you need to take to protect your workers. You also can sign-up to receive alerts and updates directly from CDC during a pandemic. To become a subscriber, visit <http://www.cdc.gov/Other/emailupdates/>

- ✓ **Implement NPI actions to protect your workers and others** (see Page 5). Meet with your coordinator or planning team to discuss plans for starting NPI actions, such as increasing space between people or decreasing the frequency of contact among people. Again, work closely with your local public health department when starting NPIs reserved for flu pandemics. Discuss how these actions will impact your workplace.  
*Note: Using multiple NPIs at the same time is more effective.*
- ✓ **Track worker absenteeism related to flu symptoms.** Work with local public health officials to determine when to begin tracking and reporting flu-related absenteeism. They may ask you to notify

them if absenteeism is higher than normal for your workplace. Learn more about flu symptoms at: <https://www.cdc.gov/flu/about/disease/complications.htm>

- ✓ **Implement your risk-assessment and risk-management plan.** Work closely with local public health officials and healthcare partners to conduct health risk assessments at your workplace, if warranted by the severity of the pandemic.



## Communicate frequently with those in your communication chain

- ✓ **Update key community partners and stakeholders regularly.** Share information about how your workplace is responding to the pandemic.
- ✓ **Provide flu-prevention supplies and distribute health messages and materials to workers.** Continue to promote **everyday preventive actions** (see Page 5). Ensure that your workplace has supplies, such as tissues, trash baskets, disposable facemasks, and at least a 60% alcohol-based hand sanitizer for workers and customers. Clean frequently-touched surfaces and objects with regular soap and water or Environmental Protection Agency (EPA)-approved products. Offer resources that provide reliable pandemic flu information. Address the potential fear and anxiety that may result from rumors or misinformation. For pandemic flu health messages and materials, visit: <http://www.cdc.gov/nonpharmaceutical-interventions/tools-resources/educational-materials.html>
- ✓ **Address the concerns of workers who are at high risk for flu complications.** Encourage workers to consult with their healthcare provider about how to protect their health, if they are at high risk for flu complications. Be prepared to address the health concerns and needs of workers who are at high risk (for example, by allowing them to telework, if possible). Learn who may be at high risk for flu complications at: [http://www.cdc.gov/flu/about/disease/high\\_risk.htm](http://www.cdc.gov/flu/about/disease/high_risk.htm)
- ✓ **Provide information that explains why and when on-site operations and services may be reduced temporarily.** Some employers may choose to alter normal operations due to high worker absenteeism or lack of patronage.

*Note: Messages, materials, and resources should be culturally appropriate.*



## Take administrative action (as needed) to maintain operations

- ✓ **Implement flexible attendance and sick-leave policies (if possible).** Continue to encourage workers to stay home if they are sick or caring for a sick household member. Notify workers of when your workplace plans to implement pandemic flu leave policies. Provide instructions about how and when to safely return to work.  
*Note: If a worker gets sick with **flu symptoms**, they should stay home to lower their chances of spreading illness to others. CDC recommends they stay home for at least 24 hours after their fever is gone without the use of fever-reducing medicines, such as acetaminophen. This will help ensure their fever is truly gone, and they are past the point of being contagious. People with weakened immune systems may need to stay home longer.*
- ✓ **Increase space to at least 3 feet and limit face-to-face contact between workers in the workplace.**
- ✓ **Postpone or cancel large meetings or events.** Suspend non-essential business travel, if recommended by public health officials, and postpone workplace, community, and social events.
- ✓ **Separate those who become sick at your workplace from those who are well.** Send sick workers home immediately. If someone becomes sick at your workplace, separate them from others (particularly from those who are at high risk for flu complications) as soon as possible. Provide them with clean disposable facemasks to wear until they can leave. Work with the local public

health department and nearby hospitals to care for those who become sick. If needed, arrange transportation for workers and others who need emergency care. Read more about caring for those sick with the flu at: <http://www.cdc.gov/flu/consumer/caring-for-someone.htm>

*Note: Providing sick workers with facemasks does **not** replace the need to encourage them to go home and stay home when they are sick. Facemasks may be in short supply during a flu pandemic.*



### Communicate only accurate, up-to-date information.

Rumors and misinformation may contribute to confusion and fear. Address misinformation among workers by staying informed about the flu situation in your local community.



### Connect to *city* and *county* public health officials

<http://www.naccho.org/about/LHD/index.cfm>

### Connect to *state* and *territorial* public health officials

<http://www.astho.org/Directory/>

# After a Flu Pandemic Has Ended: Follow Up

**Did you know employers who focus on protecting and promoting health and safety have more productive and satisfied workers, and see reductions in absenteeism, lower levels of healthcare spending, and a decrease in rates of illness and work-related injuries?**

Remember, a flu pandemic can last for several months. When public health officials determine that a flu pandemic has ended, work with them to identify criteria for phasing out and ending your workplace's NPI actions. The criteria should be based on reduced flu severity or a slowing of the outbreak in your local area. The criteria also should consider how easy or difficult it will be to end each action and return to normal operations.

## Evaluate the effectiveness of your emergency operations and communication plans

- ✓ **Discuss and note lessons learned.** Gather feedback from workers and key community partners and stakeholders to improve your plans. Identify any gaps in your plans and any needs you may have for additional resources.
- ✓ **Maintain and expand your emergency planning team.** Look for ways to expand community partnerships. Identify agencies or partners needed to help you prepare for pandemic flu, and make an effort to add them to your planning team.
- ✓ **Revisit your risk-assessment and risk-management plan.** Determine ways to improve planning and implementation processes. Assess the availability of medical, mental health, and social services for workers.
- ✓ **Update and practice your emergency operations and communication plans every 12–18 months, or as aspects of your workplace change.** Update your plans based on lessons learned, and replace necessary supplies and equipment.

## Congratulations on planning for a flu pandemic

A flu pandemic can occur at any time, and having a plan in place is essential. Your contingency or emergency operations plan will help protect the health and safety of your workers, customers, and the community, while preserving workplace productivity. Coordinate your planning activities with local public health officials and key community partners and stakeholders to help maintain essential services.



### Meet with your emergency coordinator or planning team within 30 days after a flu pandemic ends.

Debrief with your team and key community partners and stakeholders while they still remember events.



### Community Mitigation Guidelines to Prevent Pandemic Influenza—United States, 2017

<http://dx.doi.org/10.15585/mmwr.rr6601a1>



### Questions?

Help and planning resources are just a click away. Visit [www.cdc.gov/npi](http://www.cdc.gov/npi) and [www.cdc.gov/flu/pandemic](http://www.cdc.gov/flu/pandemic)

# Readiness Resources

## Pandemic Flu Planning Resources

### CDC Pandemic Flu Planning Tools and Resources

- Visit [www.cdc.gov/npi](http://www.cdc.gov/npi) for the latest information and resources about nonpharmaceutical interventions (NPIs)
- Learn who may be at high risk for flu complications [http://www.cdc.gov/flu/about/disease/high\\_risk.htm](http://www.cdc.gov/flu/about/disease/high_risk.htm)
- Community Mitigation Guidelines to Prevent Pandemic Influenza—United States, 2017  
<http://dx.doi.org/10.15585/mmwr.rr6601a1>
- Visit <http://www.cdc.gov/flu/pandemic-resources/index.htm> for the latest information and resources about pandemic flu
- Reaching People of Diverse Languages and Cultures with Flu Communications  
<http://www.cdc.gov/healthcommunication/Audience/index.html>
- Creating Easy-to-understand Materials [http://www.cdc.gov/healthliteracy/pdf/Simply\\_Put.pdf](http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf)
- Crisis and Emergency Risk Communication (CERC) <http://emergency.cdc.gov/cerc/index.asp>
- Preparing for the Flu (including 2009 H1N1 Flu): A Communication Toolkit for Businesses and Employers, from the U.S. Department of Health and Human Services  
[http://www.cdc.gov/H1N1flu/business/toolkit/pdf/Business\\_Toolkit.pdf](http://www.cdc.gov/H1N1flu/business/toolkit/pdf/Business_Toolkit.pdf)
- Estimate potential days of work loss resulting from a pandemic flu at Flu Work Loss 1.0  
<http://www.cdc.gov/flu/pandemic-resources/tools/fluworkloss.htm>

### CDC Pandemic Flu NPI Planning Guides

- Get Ready for Pandemic Flu: Educational Settings  
<https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-ed-set.pdf>
- Get Ready for Pandemic Flu: Individuals and Households  
<https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-ind-house.pdf>
- Get Ready for Pandemic Flu: Event Planners  
<https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-event-plan.pdf>
- Get Ready for Pandemic Flu: Community- and Faith-Based Organizations Serving Vulnerable Populations  
<https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-com-faith-org-serv-vul-pop.pdf>
- Get Ready for Pandemic Flu: Health Communicators  
<https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-health-com.pdf>

### CDC Checklists

- Pandemic Flu Checklist for Workplace Administrators <http://www.cdc.gov/nonpharmaceutical-interventions/communication/pdf/pandemic-flu-checklist-workplace-administrators.pdf>

### CDC Factsheets

- Do Your Part to Slow the Spread of Flu  
<http://www.cdc.gov/nonpharmaceutical-interventions/pdf/do-your-part-slow-spread-flu-item5.pdf>

### CDC Trainings

- NPI 101—An Introduction to Nonpharmaceutical Interventions for Pandemic Flu  
<http://cdc.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm.aspx?courseId=1051645>
- CERC Pandemic Influenza Training <http://emergency.cdc.gov/cerc/cerconline/pandemic/index.html>
- Message Mapping Guide and Training <http://www.orau.gov/cdcenergy/messagemappingguide>

## Additional Planning Information

- 2009 Guidance on Preparing Workplaces for an Influenza Pandemic, from the U.S. Department of Labor, Occupational Safety and Health Administration <https://www.osha.gov/Publications/OSHA3327pandemic.pdf>
- 2009 What Employers can do to Protect Workers from Pandemic Influenza, from the U.S. Department of Labor, Occupational Safety and Health Administration <https://www.osha.gov/Publications/employers-protect-workers-flu-factsheet.html>
- Preparedness Planning for Your Business <http://www.ready.gov/business>
- Prepare My Business <http://www.preparemybusiness.org/>
- Exploring National Surveillance for Health-Related Workplace Absenteeism: Lessons Learned From the 2009 Influenza A Pandemic <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4552194/>
- Pandemic Influenza Guide for Critical Infrastructure and Key Resources (2011) [https://training.fema.gov/programs/emischool/el361toolkit/assets/cikr\\_pandemicinfluzaguide.pdf](https://training.fema.gov/programs/emischool/el361toolkit/assets/cikr_pandemicinfluzaguide.pdf)

## Connecting with Public Health Agencies

- Connect to city and county public health officials for local information <http://www.naccho.org/about/LHD/index.cfm>
- Connect to state and territorial public health officials for statewide information <http://www.astho.org/Directory/>

## Communicating about Pandemic Flu

- Culture, Language, and Health Literacy <http://www.hrsa.gov/culturalcompetence/index.html>  
See “Essential Health Literacy Tools” on the right side navigation toolbar.
- Developing Materials for Clear Communication <http://www.nih.gov/clearcommunication/>
- Crisis Communications Plan <http://www.ready.gov/business/implementation/crisis>
- Read more about the important differences between seasonal flu and pandemic flu <https://www.cdc.gov/flu/pandemic-resources/basics/about.html>

## Seasonal Flu Planning Resources

### CDC Seasonal Flu Planning Tools and Resources

- Visit [www.cdc.gov/flu](http://www.cdc.gov/flu) for the latest information and resources about seasonal flu
- Summary of Weekly Flu View <http://www.cdc.gov/flu/weekly/summary.htm>
- Flu View Portal <http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>
- Make it Your Business to Fight the Flu: A Toolkit for Businesses and Employers [http://www.cdc.gov/flu/pdf/business/Toolkit\\_Seasonal\\_Flu\\_For\\_Businesses\\_and\\_Employers.pdf](http://www.cdc.gov/flu/pdf/business/Toolkit_Seasonal_Flu_For_Businesses_and_Employers.pdf)

### CDC Fact Sheets

- Everyday Preventive Actions [http://www.cdc.gov/flu/pdf/freeresources/updated/everyday\\_preventive.pdf](http://www.cdc.gov/flu/pdf/freeresources/updated/everyday_preventive.pdf)
- Hand-washing: A Corporate Activity—Improving Health and Increasing Productivity (CDC) <http://www.cdc.gov/healthywater/pdf/hygiene/hwcorporate.pdf>

### CDC Brochures

- Flu and You [http://www.cdc.gov/flu/pdf/freeresources/updated/fluandyou\\_upright.pdf](http://www.cdc.gov/flu/pdf/freeresources/updated/fluandyou_upright.pdf)
- “Take 3” Actions to Fight the Flu <http://www.cdc.gov/flu/pdf/freeresources/general/take3.pdf>

### CDC Videos

- Do Your Part to Stop the Spread of Seasonal Flu at Home <https://www.youtube.com/watch?v=9APKBBR18Cc&feature=youtu.be>

## **CDC Posters**

- Do Your Part to Slow the Spread of Germs <http://www.cdc.gov/nonpharmaceutical-interventions/communication/pdf/do-your-part-slow-spread-germs-poster.pdf>
- Don't Spread Germs at Work  
<http://www.cdc.gov/nonpharmaceutical-interventions/pdf/dont-spread-germs-work-item3.pdf>
- Don't Spread Germs at Work (with Message to Employers)  
<http://www.cdc.gov/nonpharmaceutical-interventions/pdf/dont-spread-germs-work-employers-item2.pdf>
- Stay Home If You're Sick  
<http://www.cdc.gov/nonpharmaceutical-interventions/pdf/stay-home-youre-sick-item5.pdf>
- Stay Home If You're Sick (with Message to Employers)  
<http://www.cdc.gov/nonpharmaceutical-interventions/pdf/stay-home-youre-sick-employers-item4.pdf>
- Everyday Preventive Actions <http://www.cdc.gov/flu/pdf/freeresources/family/flubreak-poster.pdf>
- "Take 3" Actions to Fight the Flu <http://www.cdc.gov/flu/pdf/freeresources/general/take3-poster.pdf>

## **Additional Planning Information**

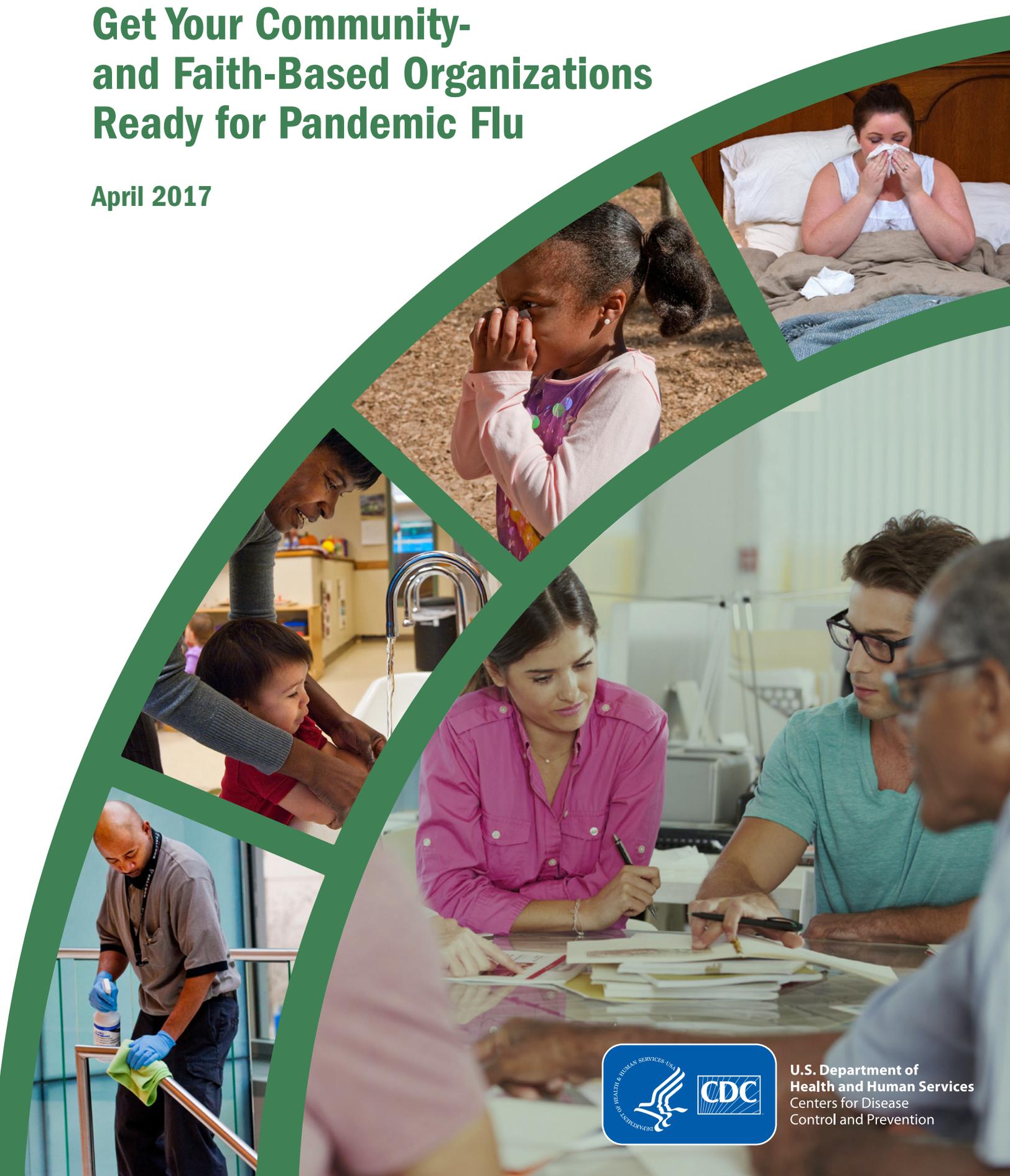
- Flu Near You <https://flunearyou.org/>
- Flu Season Hits US: Seven Steps You Can Take to Prepare Your Business and Employees  
[http://www.iesmallbusiness.com/news\\_sbdc/flu-season-hits-us-seven-steps-you-can-take-to-prepare-your-business-and-employees/](http://www.iesmallbusiness.com/news_sbdc/flu-season-hits-us-seven-steps-you-can-take-to-prepare-your-business-and-employees/)
- Seasonal Flu—Employer Guidance Reducing Healthcare Workers' Exposures to Seasonal Flu Virus  
<https://www.osha.gov/dts/guidance/flu/healthcare.html>
- CDC Foundation Business Pulse Tools and Resources  
<http://www.cdcfoundation.org/businesspulse/flu-prevention>

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# Get Your Community- and Faith-Based Organizations Ready for Pandemic Flu

April 2017



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

# Contents

<b>Keep Those You Serve Healthy by Planning for Pandemic Flu</b> .....	<b>3</b>
Pandemic flu is not seasonal flu.....	3
NPIs can help slow the spread of flu.....	3
Personal, community, and environmental NPIs.....	4
<b>Take Action to Help Slow the Spread of Flu and Illness</b> .....	<b>5</b>
Everyday preventive actions .....	5
NPIs reserved for a flu pandemic .....	5
<b>Before a Flu Pandemic Occurs: Plan</b> .....	<b>6</b>
Update your existing emergency operations plan .....	6
Address key prevention strategies in your emergency operations plan .....	7
Communicate about pandemic flu and NPIs .....	8
Get input and support for your emergency operations and communication plans.....	8
<b>During a Flu Pandemic: Take Action</b> .....	<b>9</b>
Put your emergency operations and communication plans into action .....	9
Communicate frequently with those in your communication chain .....	10
Take administrative action (as needed) to maintain operations .....	11
Determine the need to temporarily reduce on-site operations and services due to high worker absenteeism .....	11
<b>After a Flu Pandemic Has Ended: Follow Up</b> .....	<b>12</b>
Evaluate the effectiveness of your emergency operations and communication plans.....	12
<b>Readiness Resources</b> .....	<b>13</b>
Pandemic flu planning resources.....	13
Seasonal flu planning resources .....	14

**Audience:** Community- and faith-based administrators and leaders who serve vulnerable populations, and are responsible for planning for and responding to a flu pandemic and its recovery.

**Purpose:** This guide provides information about **nonpharmaceutical interventions (NPIs)** and their use during a flu pandemic. NPIs are actions, apart from getting vaccinated and taking antiviral medicines, that people and communities can take to help slow the spread of respiratory illnesses like pandemic flu. Use this guide to develop a new contingency plan or modify an existing emergency operations plan for pandemic flu that reflects considerations specific to your organization and community.

## ICON LEGEND



Tips



Readiness Resources



Questions

# Keep Those You Serve Healthy By Planning For Pandemic Flu

**Influenza** can spread quickly and is a serious health threat among vulnerable populations, such as people who are homeless, incarcerated, and those with physical or mental limitations. Seasonal influenza, also known as “the flu,” is a contagious respiratory illness caused by flu viruses that infect the nose, throat, and lungs (see **flu symptoms and complications**). People who have social, economic, psychological, and health vulnerabilities may live below the federal poverty line in disadvantaged neighborhoods, and lack access to basic human needs, support, and adequate medical care and treatment. As a result, there is an increased risk for these individuals to get and spread flu and other illnesses. Flu spreads mostly by droplets containing flu viruses traveling through the air (up to 6 feet) when a sick person coughs or sneezes. Less often, people might get flu by touching surfaces or objects with flu viruses on them and then touching their eyes, nose, or mouth.

The best way to prevent the flu is by getting a flu vaccine. CDC recommends a yearly flu vaccine for everyone 6 months and older. Vaccination can reduce flu illnesses, doctors’ visits, and missed work, and prevent flu-related hospitalizations. CDC also recommends that people practice *everyday preventive actions* (or personal NPIs) at all times to protect themselves and their community from flu and other respiratory infections (see Page 5).

Community- and faith-based organizations (CFBOs), such as social service agencies, nonprofit organizations, and places of worship, are key public health partners in helping to keep communities healthy and safe from diseases like flu. During the 2009 H1N1 pandemic, about 61 million people in the United States were sick\*. CFBOs are often responsible for providing essential services and resources to those who are most vulnerable in their communities. During a flu pandemic, the demand for essential services may significantly increase.

Many CFBOs have developed an emergency operations plan that addresses a range of crises. Make sure your organization has a contingency plan that includes policies and procedures that are flexible and can align with future public health recommendations that may

occur during a flu pandemic. Preparing now will help your organization better meet the needs of your community.

## Pandemic flu is not seasonal flu

A **flu pandemic** occurs when a new flu virus that is different from seasonal flu viruses emerges and spreads quickly between people, causing illness worldwide. Most people will lack immunity to the pandemic flu virus. Pandemic flu can be more severe, causing more deaths than seasonal flu. Because it is a new virus, a vaccine may not be available right away. A pandemic could therefore overwhelm normal operations in CFBOs. Read more about the important **differences between seasonal flu and pandemic flu**.

## NPIs can help slow the spread of flu

When a new flu virus emerges, it can take up to 6 months before a **pandemic flu vaccine** is widely available. When a vaccine is not available, NPIs are the best way to help slow the spread of flu. They include personal, community, and environmental actions. These actions are most effective when used together.

As a CFBO administrator or leader, you play a key role in flu readiness. Planning for and practicing NPI actions will help your organization respond more effectively when an actual emergency occurs. Safeguard the health of your workers and the people you serve by having a contingency plan in place now that includes provisions for pandemic flu.



\*Shrestha S, et al. Clin Infect Dis 52 (2011).



**Personal NPIs** are everyday preventive actions that can help keep people from getting and/or spreading flu. These actions include staying home when you are sick, covering your coughs and sneezes with a tissue, and washing your hands often with soap and water.



**Community NPIs** are strategies that organizations and community leaders can use to help limit face-to-face contact. These strategies may include making sick-leave policies more flexible, promoting telework, avoiding close contact with others, and scheduling remote meetings.



**Environmental NPIs** are surface cleaning measures that remove germs from frequently touched surfaces and objects.

### Community- and Faith-Based Organizations: Types of Vulnerable Populations They Serve

People who are culturally, geographically, or socially isolated:

- People with limited English language skills
- Migrant workers, immigrants, and refugees
- People experiencing homelessness

People with physical disabilities, limitations, or impairments

- People with mental illness
- People who are incarcerated
- People with low incomes, single-parent families, and residents of public housing



#### Create a culture of health and resilience for emergencies in your organization.

Create a workplace wellness program to teach workers how to take an active role in their health. Workers should care about their own well-being just as much as they care for the well-being of the people they serve. Create a plan for providing health information to workers. Consider using multiple forms of communication, such as a website, text messaging, social media, or an automated phone system.



#### Public Health Workbook to Define, Locate, and Reach Special, Vulnerable, and At-risk Populations in an Emergency

[http://emergency.cdc.gov/workbook/pdf/ph\\_workbookFINAL.pdf](http://emergency.cdc.gov/workbook/pdf/ph_workbookFINAL.pdf)

# Take Action to Help Slow the Spread of Flu and Illness

CDC has developed recommended actions for preventing the spread of flu in CFBOs. Promote and reinforce the practice of *everyday preventive actions* at all times. Plan for and educate workers about additional community NPI actions that may be recommended by public health officials, if a flu pandemic occurs.

Work closely with your local public health department before a pandemic occurs to establish a flexible contingency plan that includes actions to take during a mild, moderate, severe, very severe, or extreme pandemic. Be prepared to take actions that are appropriate for the **level of severity** of the local pandemic outbreak. The **Before**, **During**, and **After** sections of this guide offer suggested actions to help you plan for and implement these recommendations

## EVERYDAY PREVENTIVE ACTIONS

**Everyone should always practice good personal health habits to help prevent flu.**



**Stay home when you are sick.** Stay home for at least 24 hours after you no longer have a fever or signs of a fever without the use of fever-reducing medicines.



**Cover your coughs and sneezes with a tissue.**



**Wash your hands often with soap and water for at least 20 seconds.** Use at least a 60% alcohol-based hand sanitizer if soap and water are not available.



**Clean frequently touched surfaces and objects.**

## NPIs RESERVED FOR A FLU PANDEMIC

**CFBO leaders should be prepared to take these additional actions, if recommended by public health officials.\***



**Be prepared to allow workers to stay home if someone in their house is sick.**



**Increase space between people at your organization to at least 3 feet, as much as possible.**



**Decrease the frequency of contact among people at your organization.**



**Modify, postpone, or cancel large community events.**

\*These additional actions may be recommended for severe, very severe, or extreme flu pandemics.



### Encourage those you serve to plan for a flu pandemic.

Develop programs that educate those in your community about emergency care and response planning. Provide resources and tools, such as CDC's Individuals and Households Planning Guide: <https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-ind-house.pdf>



### CDC has created resources to help you plan for pandemic flu

Visit [www.cdc.gov/npi](http://www.cdc.gov/npi) for the latest information and resources about nonpharmaceutical interventions (NPIs).

Note: The following sections include CDC's recommended actions for preventing the spread of pandemic flu and suggested strategies for implementing these recommendations.

# Before a Flu Pandemic Occurs: Plan

## Did you know CFBOs can work with their local health department to identify ways to provide public health services to community members in the event of a severe pandemic?

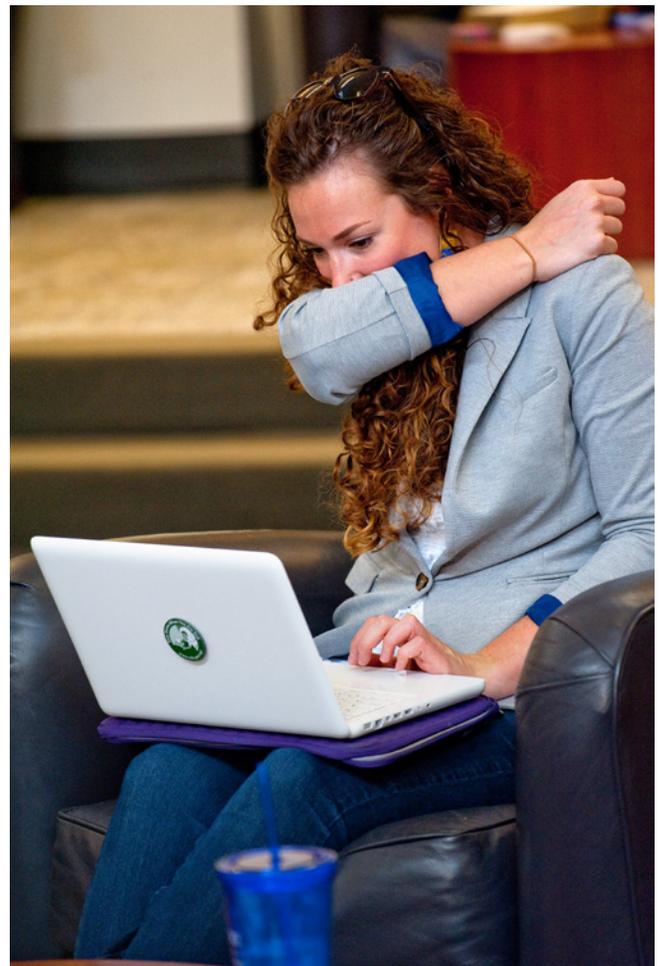
A flu pandemic can last for several months. Public health officials may recommend additional community actions based on the **severity of the pandemic** that limit exposure, such as flexible sick-leave and telework policies. These recommendations may be challenging to plan for and implement in your organization. However, you may be asked to follow such recommendations for the safety and well-being of your workers and the community.

**Establishing ongoing communication with your local public health department now can give you access to relevant information before and during a pandemic.** Having a good contingency plan in place and developing flexible policies and procedures to accommodate public health recommendations can help reduce infection. During your planning process, remember to engage key partners across both public and private sectors. Also, the specific details of your plan should be based on the severity of the pandemic, and the size of your organization and workforce, complexity of your day-to-day operations, and type of on-site and off-site services your organization provides to vulnerable populations.

**Community-wide planning is essential to responding to and recovering from a flu pandemic.** Find out if your local government has a private-public emergency planning group that meets regularly. Building strong alliances before a pandemic may provide your organization with the support and resources needed to respond effectively.

### Update your existing emergency operations plan

- ✓ **Meet with your emergency operations coordinator or planning team to update your emergency operations plan.** If your organization does not have a person or team in place, determine who will be responsible for coordinating your organization's pandemic flu actions. Review all aspects of your organization, such as personnel, systems, services, and other resources. Make preparations for the key prevention strategies outlined in this guide. Develop or update your plan based on various scenarios your organization may face during a flu pandemic.
- ✓ **Establish relationships with key community partners and stakeholders.** When forming key relationships, include the local public health department, other community and faith leaders, and local businesses. Collaborate and coordinate with them on broader planning efforts. Clearly identify each partner's role, responsibilities, and decision-making authority. Review the pandemic flu plan for your community and participate in community-wide emergency preparedness activities.



## Address key prevention strategies in your emergency operations plan

- ✓ **Promote the daily practice of everyday preventive actions at all times** (see Page 5). Use health messages and materials developed by credible public health sources, such as your local public health department or the Centers for Disease Control and Prevention (CDC). Read more about [everyday preventive actions](#).
- ✓ **Provide flu-prevention supplies at your organization.** Have supplies on hand for workers and those you serve, such as soap, hand sanitizer with at least 60% alcohol, tissues, trash baskets, and disposable facemasks. Plan to have extra supplies on hand during a pandemic.  
*Note: Disposable facemasks should be kept on-site and used only when someone becomes sick at your organization. Those who become sick should be given a clean disposable facemask to wear until they can leave.*
- ✓ **Plan for worker absences.** Develop flexible pandemic flu attendance and sick-leave policies. Workers may need to stay home when they are sick, caring for a sick household member, or caring for their children in the event of school dismissals. Identify critical job functions and positions, and plan for alternative coverage by cross-training workers (similar to planning for holiday staffing).
- ✓ **Develop a method for monitoring and tracking flu-related worker absences.** Understand the usual absenteeism patterns at your organization. Determine what level of absenteeism will disrupt day-to-day operations. If worker absenteeism increases to disruptive levels, some organizations may need to consider temporarily reducing on-site operations and services.
- ✓ **Identify space that can be used to separate sick people (if possible).** Designate a space for people who may become sick and cannot leave the organization immediately. If possible, designate a nearby separate bathroom just for sick people. Develop a plan for cleaning the room daily.
- ✓ **Plan ways to increase space between people to at least 3 feet or limit face-to-face contact between people at your organization.** Several ways to do this include offering workers the option to telework, creating reduced or staggered work schedules,

spacing people farther apart, and postponing non-essential meetings and travel.

- ✓ **Develop a risk-assessment and risk-management process for your organization.** Work closely with local public health officials to develop a contingency plan if assessing and managing risks among workers and those receiving services at your organization is needed (for example, conducting daily health screenings for flu-like symptoms during a pandemic).  
*Note: Your Human Resources Manager may want to review the current Employee Assistance Program (EAP) to ensure workers will have access to needed emotional and mental health services during and after a pandemic.*
- ✓ **Review your process for planning events, programs, and services.** Identify actions to take if you need to temporarily postpone or cancel events, programs, and services. Consider limiting access to your organization by non-essential visitors.
- ✓ **Plan ways to continue essential services if on-site operations are reduced temporarily.** Provide Web- and mobile-based communications and services, if possible. Increase the use of email, conference calls, video conferencing, and web-based seminars.



## Communicate about pandemic flu and NPIs

- ✓ **Update your emergency communication plan for distributing timely and accurate information.** Identify everyone in your chain of communication (for example, workers and key community partners and stakeholders) and establish systems for sharing information with them. Maintain up-to-date contact information for everyone in the chain of communication. Identify platforms, such as a hotline, automated text messaging, and a website to help disseminate information to those inside and outside your organization.
- ✓ **Identify and address potential language, cultural, and disability barriers associated with communicating pandemic flu information to workers and those you serve.** Learn more about reaching people of diverse languages and cultures by visiting: [www.cdc.gov/healthcommunication/Audience/index.html](http://www.cdc.gov/healthcommunication/Audience/index.html). You also can learn more about communicating to workers in a crisis at: [www.ready.gov/business/implementation/crisis](http://www.ready.gov/business/implementation/crisis).



## Get input and support for your emergency operations and communication plans

- ✓ **Share your plans with workers and key community partners and stakeholders.** Develop training and educational materials about the plans for workers.
- ✓ **Test and update your plans every 12–18 months, or as aspects of your organization change.** Start with discussion-based practice sessions, such as tabletop exercises, to identify and address the gaps in your plans.



### Translate documents and health materials into languages spoken by members of your community.

Ensuring that messages are simple and clear, and developing a “necessities bank” to provide needed items to individuals who cannot afford them, are strategies to reach vulnerable and hard-to-reach people.



### Faith-based and Community Organizations Pandemic Flu-preparedness Checklist

<http://www.bepreparedcalifornia.ca.gov/BePrepared/CommunityOrganizations/Documents/FaithComPanFluChecklist.pdf>

# During a Flu Pandemic: Take Action

## Did you know a “buddy” system can help ensure vulnerable and hard-to-reach community members stay connected to flu-related news and services?

It is important that your emergency operations planning team meets regularly during a pandemic to accurately assess, manage, and communicate possible risks. Encourage those you serve to seek out a “flu buddy” who will check on and help care for them if they get sick. Early action to slow the spread of flu will help keep workers healthy and help your organization maintain normal operations.

### Put your emergency operations and communication plans into action

- ✓ **Stay informed about the local flu situation.** Get up-to-date information about local flu activity from public health officials. Be aware of temporary school dismissals in your area because these may affect your workers.

*Note: Early in the pandemic, local public health officials may recommend schools be dismissed temporarily to allow time to gather information about how fast and severe the flu virus is spreading in your community. Temporarily dismissing schools also can help slow the spread of flu.*

- ✓ **Implement NPI actions to protect your workers and those you serve** (see Page 5). Meet with your emergency operations coordinator or planning team to discuss plans for starting NPI actions, such as increasing space to at least 3 feet between people or decreasing the frequency of contact among people. Again, work closely with your local public

health department when starting NPIs reserved for flu pandemics. Discuss how these actions will impact your organization.

*Note: Using multiple NPIs at the same time is more effective.*

- ✓ **Track worker absenteeism related to flu symptoms.** Work with local public health officials to determine when to begin tracking and reporting flu-related absenteeism. They may ask you to notify them if absenteeism is higher than normal for your organization. Learn more about flu symptoms at: <http://www.cdc.gov/flu/about/disease/symptoms.htm>.
- ✓ **Implement your risk-assessment and risk-management plan.** Work closely with local public health officials and healthcare partners to conduct health risk assessments at your organization, if warranted by the severity of the pandemic.



## Communicate frequently with those in your communication chain

- ✓ **Update key community partners and stakeholders regularly.** Share information about how your organization is responding to the pandemic.
- ✓ **Provide flu-prevention supplies and distribute health messages and materials to workers and the community.** Continue to promote *everyday preventive actions* (see Page 5). Ensure that your organization has supplies, such as tissues, trash baskets, disposable facemasks, and at least a 60% alcohol-based hand sanitizer for workers and those you serve. Clean frequently-touched surfaces and objects with regular soap and water or Environmental Protection Agency (EPA)-approved products. Offer resources that provide reliable pandemic flu information. Address the potential fear and anxiety that may result from rumors or misinformation. For pandemic flu health messages and materials, visit: <http://www.cdc.gov/nonpharmaceutical-interventions/tools-resources/educational-materials.html>.  
*Note: Messages, materials, and resources should be culturally appropriate.*
- ✓ **Address the concerns of workers who are at high risk for flu complications.** Encourage workers to

consult with their healthcare provider about how to protect their health, if they are at high risk for flu complications. Be prepared to address the health concerns and needs of workers who are at high risk (for example, by allowing them to telework, if possible). Learn who may be at high risk for flu complications at [http://www.cdc.gov/flu/about/disease/high\\_risk.htm](http://www.cdc.gov/flu/about/disease/high_risk.htm).

- ✓ **Provide information that explains why and when on-site operations and services may be temporarily reduced or your organization may be closed to non-essential visitors.** Some administrators and leaders may choose to alter normal operations due to high worker absenteeism.
- ✓ **Educate workers about how to keep themselves healthy when accompanying someone to a destination away from your facility.** For example, teach workers how to keep themselves healthy while traveling with a client to a medical appointment, worship service, or government office by having tissues and alcohol-based hand sanitizer on-hand.



## Take administrative action (as needed) to maintain operations

- ✓ **Implement flexible attendance and sick-leave policies (if possible).** Continue to encourage workers to stay home if they are sick or caring for a sick household member. Notify workers of when your organization plans to implement pandemic flu leave policies. Provide instructions about how and when to safely return to work.

*Note: If a worker gets sick with flu symptoms, they should stay home to lower their chances of spreading illness to others. CDC recommends they stay home for at least 24 hours after their fever is gone without the use of fever-reducing medicines, such as acetaminophen. This will help ensure their fever is truly gone, and they are past the point of being contagious. People with weakened immune systems may need to stay home longer.*

- ✓ **Increase space to at least 3 feet and limit face-to-face contact between people in your organization.**
- ✓ **Postpone or cancel large meetings or events.** Suspend non-essential business travel, if recommended by public health officials, and postpone events, services, and programs.

- ✓ **Separate those who become sick at your organization from those who are well.** Send sick workers home immediately. If someone you serve becomes sick at your organization, separate them from others (particularly from those who are at high risk for flu complications) as soon as possible. Provide them with clean disposable facemasks to wear until they can leave. Work with the local public health department and nearby hospitals to care for those who become sick. If needed, arrange transportation for workers and others who need emergency care. Read more about caring for those sick with the flu at: <http://www.cdc.gov/flu/consumer/caring-for-someone.htm>.

*Note: Providing sick workers with facemasks does not replace the need to encourage them to go home and stay home when they are sick. Facemasks may be in short supply during a flu pandemic.*

## Determine the need to temporarily reduce on-site operations and services due to high worker absenteeism

- ✓ **Put into action strategies for continuing only essential operations and services.**
- ✓ **Update everyone in your communication chain about the operating status of your organization.**



### Communicate only accurate, up-to-date information.

Rumors and misinformation may contribute to confusion and fear. Address misinformation among workers by staying informed about the flu situation in your local community.



### Connect to city and county public health officials

<http://www.naccho.org/about/LHD/index.cfm>

### Connect to state and territorial public health officials

<http://www.astho.org/Directory/>

# After a Flu Pandemic Has Ended: Follow Up

## Did you know community-wide pandemic flu planning by organization leaders can help limit the impact to the economy and community?

Remember, a flu pandemic can last for several months. When public health officials determine that a flu pandemic has ended, work with them to identify criteria for phasing out and ending your organization's NPI actions. The criteria should be based on reduced flu severity or a slowing of the outbreak in your local area. The criteria also should consider how easy or difficult it will be to end each action and return to normal operations.

### Evaluate the effectiveness of your emergency operations and communication plans

- ✓ **Discuss and note lessons learned.** Gather feedback from workers, those you serve (if possible), and key community partners and stakeholders to improve your plans. Identify any gaps in your plans and any needs you may have for additional resources.
- ✓ **Maintain and expand your emergency planning team.** Look for ways to expand community partnerships. Identify agencies or partners needed to help you prepare for pandemic flu, and make an effort to add them to your planning team.
- ✓ **Revisit your risk-assessment and risk-management plan.** Determine ways to improve planning and implementation processes. Assess the need to provide post-pandemic medical, mental health, and social services for workers and those you serve.
- ✓ **Update and practice your emergency operations and communication plans every 12–18 months, or as aspects of your organization change.** Update your plans based on lessons learned, and replace necessary supplies and equipment.

## Congratulations on planning for a flu pandemic

A flu pandemic can occur at any time, and having a plan in place is essential. Your contingency or emergency operations plan for pandemic flu will help protect the health and safety of your workers and the community, while preserving normal operations. Coordinate your planning activities with local public health officials and key community partners and stakeholders to help maintain essential services.



### Meet with your emergency operations coordinator or planning team within 30 days after a flu pandemic ends.

Debrief with your team and key community partners and stakeholders while they still remember events.



### Community Mitigation Guidelines to Prevent Pandemic Influenza—United States, 2017

<http://dx.doi.org/10.15585/mmwr.rr6601a1>



### Questions?

Help and planning resources are just a click away. Visit [www.cdc.gov/npi](http://www.cdc.gov/npi) and [www.cdc.gov/flu/pandemic](http://www.cdc.gov/flu/pandemic)

# Readiness Resources

## Pandemic Flu Planning Resources

### CDC Pandemic Flu Planning Tools and Resources

- Visit [www.cdc.gov/npi](http://www.cdc.gov/npi) for the latest information and resources about nonpharmaceutical interventions (NPIs)
- Learn who may be at high risk for flu complications [http://www.cdc.gov/flu/about/disease/high\\_risk.htm](http://www.cdc.gov/flu/about/disease/high_risk.htm)
- Read more about the important differences between seasonal flu and pandemic flu <https://www.cdc.gov/flu/pandemic-resources/basics/about.html>
- Community Mitigation Guidelines to Prevent Pandemic Influenza - United States, 2017 <http://dx.doi.org/10.15585/mmwr.rr6601a1>
- Visit <http://www.cdc.gov/flu/pandemic-resources/index.htm> for the latest information and resources about pandemic flu
- Reaching People of Diverse Languages and Cultures with Flu Communications <http://www.cdc.gov/healthcommunication/Audience/index.html>
- Creating Easy to Understand Materials [http://www.cdc.gov/healthliteracy/pdf/Simply\\_Put.pdf](http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf)
- Crisis and Emergency Risk Communication (CERC) <http://emergency.cdc.gov/cerc/index.asp>
- First Hours: Key Websites and Online Resources <http://emergency.cdc.gov/firsthours/resources/websites.asp>
- Estimate potential days of work loss resulting from pandemic flu at Flu Work Loss 1.0 <http://www.cdc.gov/flu/pandemic-resources/tools/fluworkloss.htm>

### CDC Pandemic Flu NPI Planning Guides

- Get Ready for Pandemic Flu: Educational Settings <https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-ed-set.pdf>
- Get Ready for Pandemic Flu: Workplace Settings <https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-work-set.pdf>
- Get Ready for Pandemic Flu: Individuals and Households <https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-ind-house.pdf>
- Get Ready for Pandemic Flu: Event Planners <https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-event-plan.pdf>
- Get Ready for Pandemic Flu: Health Communicators <https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-health-com.pdf>

### CDC Checklists

- Pandemic Flu Checklist for Workplace Administrators <http://www.cdc.gov/nonpharmaceutical-interventions/communication/pdf/pandemic-flu-checklist-workplace-administrators.pdf>

### CDC Trainings

- NPI 101—An Introduction to Nonpharmaceutical Interventions for Pandemic Flu <http://cdc.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm.aspx?courseId=1051645>

### Additional Planning Information

- Doing Business During an Influenza Pandemic <http://www.cidrap.umn.edu/sites/default/files/public/downloads/cidrap-shrm-hr-pandemic-toolkit.pdf>
- HHS: Correctional Facilities Pandemic Flu Planning Checklist <http://jpo.wrlc.org/bitstream/handle/11204/308/Correctional%20Facilities%20Pandemic%20Influenza%20Planning%20Checklist.pdf?sequence=4>

- Faith-Based and Community Organizations Pandemic Flu Preparedness Checklist <http://www.bepreparedcalifornia.ca.gov/BePrepared/CommunityOrganizations/Documents/FaithComPanFluChecklist.pdf>
- Vulnerable and At-risk Populations Resource Guide <http://www.varpguide.com/howto>
- Pandemic Flu Guidance for Homeless Shelters and Homeless Service Providers <http://www.nhchc.org/wp-content/uploads/2011/10/flumanual.pdf>
- Federal Bureau of Prisons Health Services Division Pandemic Influenza Plan [http://www.bop.gov/resources/pdfs/pan\\_flu\\_module\\_1.pdf](http://www.bop.gov/resources/pdfs/pan_flu_module_1.pdf)
- Pandemic Influenza Preparedness and Response Planning: Guidelines for Community Corrections [http://www.ojp.usdoj.gov/BJA/pdf/APPA\\_Pandemic\\_Planning\\_Community\\_Corrections.pdf](http://www.ojp.usdoj.gov/BJA/pdf/APPA_Pandemic_Planning_Community_Corrections.pdf)
- A Framework for Improving Cross-Sector Coordination for Emergency Preparedness and Response: Action Steps for Public Health, Law Enforcement, the Judiciary, and Corrections <http://www.ojp.usdoj.gov/BJA/pdf/Framework.pdf>
- FEMA: National Incident Management System [www.fema.gov/national-incident-management-system](http://www.fema.gov/national-incident-management-system)
- Bloomington Minnesota Pandemic Flu Planning Checklist and Guidance Template [https://www.bloomingtonmn.gov/sites/default/files/media/pandemic\\_flu\\_planning\\_checklist\\_guidance\\_template.doc](https://www.bloomingtonmn.gov/sites/default/files/media/pandemic_flu_planning_checklist_guidance_template.doc)

### Connecting with Public Health Agencies

- Connect to city and county public health officials for local information <http://www.naccho.org/about/LHD/index.cfm>
- Connect to state and territorial public health officials for statewide information <http://www.astho.org/Directory/>

### Communicating about Pandemic Flu

- Culture, Language, and Health Literacy <http://www.hrsa.gov/culturalcompetence/index.html>  
See “Essential Health Literacy Tools” on the right side navigation toolbar
- Developing Materials for Clear Communication <http://www.nih.gov/clearcommunication/>

## Seasonal Flu Planning Resources

### CDC Seasonal Flu Planning Tools and Resources

- Visit [www.cdc.gov/flu](http://www.cdc.gov/flu) for the latest information and resources about seasonal flu
- Summary of Weekly Flu View <http://www.cdc.gov/flu/weekly/summary.htm>
- Flu View Portal <http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>
- Hand-washing: A Corporate Activity – Improving Health and Increasing Productivity (CDC) <http://www.cdc.gov/healthywater/pdf/hygiene/hwcorporate.pdf>
- Make it Your Business to Fight the Flu: Promoting the Seasonal Flu Vaccine, a CDC toolkit for businesses and employers [http://www.cdc.gov/flu/pdf/business/Toolkit\\_Seasonal\\_Flu\\_For\\_Businesses\\_and\\_Employers.pdf](http://www.cdc.gov/flu/pdf/business/Toolkit_Seasonal_Flu_For_Businesses_and_Employers.pdf)

### CDC Brochures

- Flu and You [http://www.cdc.gov/flu/pdf/freeresources/updated/fluandyou\\_upright.pdf](http://www.cdc.gov/flu/pdf/freeresources/updated/fluandyou_upright.pdf)
- “Take 3” Actions to Fight the Flu <http://www.cdc.gov/flu/pdf/freeresources/general/take3.pdf>

### CDC Videos

- Do Your Part to Stop the Spread of Seasonal Flu at Home <https://www.youtube.com/watch?v=9APKBBR18Cc&feature=youtu.be>

### CDC Posters

- Do Your Part to Slow the Spread of Germs <http://www.cdc.gov/nonpharmaceutical-interventions/communication/pdf/do-your-part-slow-spread-germs-poster.pdf>
- Don’t Spread Germs at Work (with Message to Employers) <http://www.cdc.gov/nonpharmaceutical-interventions/pdf/dont-spread-germs-work-employers-item2.pdf>

- Stay Home If You're Sick (with Message to Employers)  
<http://www.cdc.gov/nonpharmaceutical-interventions/pdf/stay-home-youre-sick-employers-item4.pdf>

#### **Additional Planning Information**

- Flu Near You <https://flunearyou.org/>
- CDC Foundation Business Pulse Tools and Resources  
<http://www.cdcfoundation.org/businesspulse/flu-prevention>

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