Municipal Infectious Disease Outbreak Response Plan

Instructions

The following sample plan is provided to assist you with the preparation and implementation of an effective infectious disease outbreak response plan.

There are several areas in this sample plan that will need to be modified or customized, which will be indicated by BLUE TEXT. There are other areas that may not apply to your entity. We indicated guidance with highlighted text. Carefully review this entire plan to ensure it fits your entity and its operations.

Name of Entity

Municipal Infectious Disease Outbreak Response Plan

Date

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INFECTIOUS DISEASE OUTBREAK RESPONSE PLAN

Pandemic infectious disease outbreaks differ from both seasonal influenza (flu) and common colds in the following aspects:

- It is a rare global outbreak that can affect populations around the world.
- It is caused by a new virus to which people do not have immunity.
- Depending upon the specific virus, it can cause more severe illness than regular flu and can affect young healthy people as well as the elderly and those with compromised health and immunity issues.

The Department of Health and Human Services (HHS) may take the lead in mobilizing a local response to infectious disease outbreaks. Public health alerts will be reported to the community. Individual entities may be closed temporarily to contain the spread of the disease. In the case of an infectious disease outbreak, the following guidelines will be followed as much as possible:

RESPONSIBILITIES

INSERT TITLE

INSERT TITLE is responsible for managing the plan:

- Activate heightened surveillance of illness within INSERT NAME OF ENTITY's jurisdiction. Gather data on symptoms of staff and volunteers who are sick at home.
- Ensure staff and volunteers who are ill stay home.
- Send sick staff and volunteers home immediately.
- Provide fact sheets and guidelines for staff, volunteers, and their families to make them aware of symptoms and remind them of respiratory hygiene etiquette, proper handwashing practices, and the need for social distancing.
- Monitor bulletins and alerts from the HHS and the Centers for Disease Control and Prevention (CDC).
- Keep staff and volunteers informed of developing issues.
- Assist the HHS in monitoring outbreaks.
- Respond to media inquiries regarding INSERT NAME OF ENTITY services status.
- Implement online training and communications, so non-essential staff can stay home, and essential staff can avoid gatherings greater than those recommended by the HHS and the CDC.
- Maintain surveillance after the initial epidemic in the event a second wave passes through the community.
- Provide workers and visitors with tissues and trash receptacles.
- Explore whether it is possible to establish policies and practices, such as flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others.

- Implement work at home protocols, where possible, so that as many staff as possible can stay home.
- Discourage workers from using other workers' phones, desks, offices, office supplies (to include pens) or other work tools and equipment, when possible.
- Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment.
- When choosing cleaning chemicals, INSERT NAME OF ENTITY will consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses.
- Ensure the manufacturer's instructions are followed for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, personal protective equipment).
- Initiate health screening for employees and/or visitors to the workplace during stay at home conditions.
- Maintain and update the health questionnaire form used in the health screening process (Appendix A, Medical Questionnaire).
- Coordinate with Incident Response to communicate any changes to the health screening form.
- Ensure adequate supplies are available for health screen procedures and protecting personnel conducting the screening when the health screening process is implemented.

Staff

General Protocols

The following protocols will be followed by all staff and volunteers. They must:

- Stay home when ill with a cough or other flu-like symptoms (chills, fever, difficulty breathing, muscle aches, sore throat) or if they have come in direct contact with a person diagnosed with the infectious disease.
- Stay home when someone living in their household has exhibited symptoms of the infectious disease or has come in direct contact with a person diagnosed with the infectious disease.
- Tell their direct supervisor if they have a cough or other flu-like symptoms (chills, fever, difficulty breathing, muscle aches, sore throat) or if they have come in direct contact with a person diagnosed with the infectious disease.
- Practice respiratory hygiene etiquette.
- Wash their hands frequently.
- Practice proper social distancing
- Disinfect commonly touched surfaces and those most likely contaminated with infected respiratory secretions with approved cleaners.

Shutdown Procedures for Staff

When INSERT NAME OF ENTITY's leadership, the HHS, or state or federal government officials issue a stay at home order, INSERT NAME OF ENTITY will comply as follows:

Essential Staff Required to Continue Their Routine Tasks
Some INSERT NAME OF ENTITY staff members are required to continue their routine tasks in the public interest and/or to continue essential functions of INSERT NAME OF ENTITY. These employees are specified by department, division, and job title in the following table.

Department	Division	Job Title

These employees will continue to report to the workplace unless they or a person living in their household have exhibited symptoms of the infectious disease or have come in direct contact with a person diagnosed with the infectious disease.

Essential Staff Able to Continue Their Routine Tasks Remotely
Some INSERT NAME OF ENTITY staff members are required to continue their routine tasks in the public interest and/or to continue essential functions of the entity; however, these employees have the capabilities of conducting their assigned tasks from their homes and may continue working from home. These employees may not enter the workplace unless specifically granted permission by their manager or department director and may only enter for the specified task and length of time. These employees are identified by department, division, and job title in the following table.

Department	Division	Job Title

Non-Essential Staff Able to Continue Their Routine Tasks Remotely
Employees whose assigned tasks are non-essential to the public interest and/or to the continued essential functions of the entity but do have the capability of conducting their assigned tasks from their homes may continue to work from home. These employees may not enter the workplace unless specifically granted permission by their manager or department director and may only enter for the specified task and length of time. These employees are identified by department, division, and job title in the following table.

Department	Division	Job Title

Non-Essential Staff Unable to Continue Their Routine Tasks Remotely
Employees whose assigned tasks are non-essential to the public interest and/or to the continued essential functions of the entity and do not have the capability of conducting their assigned tasks from their homes will stay at home as directed. These employees may not enter the workplace until the stay-at-home order is lifted. These employees are identified by department, division, and job title in the following table.

Department	Division	Job Title

STRATEGIES TO LIMIT TRANSMISSION OF INFECTIOUS DISEASE OUTBREAK

Compared to other natural infectious health threats, infectious disease outbreak emergencies have greater potential to cause large-scale social disruption. If a novel (new strain) and highly contagious strain of flu or other infectious disease emerges, the resulting pandemic could lead to wide-ranging illness, death, and severe social and economic disruption worldwide.

The most effective tool for reducing exposure and controlling transmission in an infectious disease outbreak will be an aggressive public information campaign emphasizing containment measures such as handwashing, cough and sneeze etiquette, social distancing and reduced social interactions, and guidelines for those being cared for at home.

Additional voluntary isolation and quarantine measures will be followed for infectious disease outbreak as follows:

- Home isolation of cases for a minimum of 14 days once known exposure
- Monitoring of contacts for fever and respiratory symptoms for 14 days after exposure
- Directing staff with a fever and/or who have been previously exposed to not go to work
- Closure of workplaces with high incidence of illness and/or exposure to infected persons
- Community-wide suspension of large public gatherings
- Employees will contact their supervisors, their physicians, and the state or local health department to notify them if they begin showing any symptoms or have a suspected exposure incident
- Every employee will complete a medical questionnaire at the beginning of each work shift to determine if they are or have shown signs or symptoms of the infectious disease in question CONSULT YOUR LEGAL ADVISOR AS TO THE LEGALITY OF THIS MEASURE.

Routes of Exposure

A human infectious disease outbreak is commonly spread by virus-laden respiratory droplets that are expelled during coughing and sneezing. Viruses are microscopic. They are carried in respiratory secretions as small-particle aerosols.

Pandemic Declaration

With the declaration of a pandemic and the possibility of widespread flu or other infectious disease within communities, INSERT NAME OF ENTITY will take the following actions:

- **Stay home when sick:** Staff and volunteers with outbreak illness must stay home for at least 72 hours after they no longer have a fever or signs of a fever without the use of fever-reducing medicines or any other symptoms. An outbreak illness is defined as fever of 100 degrees Fahrenheit or higher and a new onset of one of the following: cough, sore throat, or runny nose. They must stay home even if they are using antiviral drugs.

- **Hand hygiene and respiratory etiquette:** Educate staff and volunteers on the following practices:
    - Washing hands frequently with soap and water rubbing vigorously for at least 20 seconds.
    - Covering nose and mouth with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available) and disposing of tissues immediately. Then immediately washing hands or using a hand sanitizer if washing is not immediately accessible.
    - Avoiding touching eyes, nose or mouth.
- **Preventative health:** Educate staff and volunteers on the following preventative health measures:
    - Getting enough rest.
    - Eating nutritious foods and staying hydrated.
    - Exercising.
    - Obtaining annual flu shot as soon as possible.
- **Infection control:** The following actions will be implemented:
    - Posting signs reminding everyone to wash hands thoroughly.
    - Checking frequently to ensure towels and soap are well supplied in sink areas.
    - Making alcohol-based hand cleaners (containing at least 70% isopropyl alcohol) readily available throughout the facilities.
    - Making tissues available throughout the facilities.
    - Avoiding close contact (hugs, handshakes, sharing objects). Reminding staff to avoid these actions outside the workplace as well. Maintaining a distance of at least 6 feet from all others.
    - Avoiding groups of people. Groups of more than five persons are discouraged.
    - Avoiding sharing food and drinks or pens/pencils.
    - Increasing standard cleaning and maintenance of the facility. Concentrating on regular cleaning of those surfaces or items with the most frequent contact, including doorknobs, desktops, keyboards, mice, telephones, drinking fountains, railings, bathroom sinks and faucets, pencil sharpeners, etc.
    - Maintaining building security and control access.
    - Disinfecting and sanitizing areas where staff who have a confirmed diagnosis of infectious disease came in contact with the workplace including offices, restrooms, and vehicles.

    The building ventilation system and ductwork will not need to be shut down and/or disinfected as the CDC has deemed this is not necessary.

    INSERT NAME OF ENTITY will follow CDC recommendations regarding the use of face masks for employees who do not fall within the health care and /or emergency medical provider categories.

- **Early Treatment of High-Risk Staff:** People at high risk for infectious disease complications will be advised to obtain seasonal flu vaccinations. Those who become ill will be advised to speak with their health-care provider as soon as possible. Early treatment with antiviral medications may be indicated for people at high risk. People at high risk include those who are pregnant; have asthma, diabetes, other long term or chronic illnesses; have compromised immune systems; or have neuromuscular diseases.

- **Establish Infectious Disease Outbreak Administrative Procedures:** INSERT NAME OF ENTITY will implement the following procedures to help organize, quicken, and increase the effectiveness of its infectious disease outbreak response:
    - Monitor reported cases of illness, as well as attendance and absentee rates, check for potential outbreaks (a cluster of five or more illnesses in a week involving a department or work group).
    - Report outbreaks to the local Department of Public Health, Epidemiology or Morbidity Unit as soon as possible.
    - Maintain confidentiality of patient medical information, which cannot be disclosed without patient consent or court order.
    - Send ill staff home immediately.
    - Explain to staff members who are sent home that they cannot return to the facility until they are free from symptoms for at least the period of time specified by the CDC or the National Institute of Health (NIH) (normally 7 to 14 days).
    - Provide educational literature concerning treatment and infection control to staff.

- **Notification and Communication**: INSERT NAME OF ENTITY will publicize facility closures, as well as cancellation of activities, and will implement the following:
    - The Public Information Officer will convey information.
    - Notify staff with a general letter describing prudent practices for infection control and treatment (in multiple languages if indicated).
    - Designate knowledgeable staff to field calls generated by notifications made to the community by INSERT NAME OF ENTITY, county, or state.
    - Train staff how to answer telephone and email inquiries regarding infectious disease outbreaks and provide talking points.
    - Use only INSERT NAME OF ENTITY-approved letters.
    - Confer with the local Department of Public Health before sending any letters or initiating telephone calls regarding infectious disease outbreak.
    - Report any outbreak to the local Department of Public Health.

- **Business Continuity Plan (BCP) or Continuity of Operations Plan (COOP)**: SELECT ONE NAME AND REMOVE THE OTHER The incidence rate of illness at any one facility or department cannot be predicted; therefore, this plan will be implemented to mitigate the disruption to normal operations in case of a high incidence rate.
    - Excessive absenteeism:
        - → Cross-training and information exchange for existing staff and identifying temporary staff resources for essential functions, including payroll, custodial, waste management, maintenance, fire, police, water, and wastewater. Prioritize and have back-up personnel for each critical function that maintains facilities and continues essential education services.
        - → Making do with fewer staff.
        - → Implementing alternate methods of service delivery including telecommuting or working from home.
        - → Designating functions or processes that could be reasonably delayed a week or a month, if necessary, during a pandemic.
    - Social distancing:
        - → Canceling large events.
        - → Staggering or dividing staff assignments to lower staff density at any single gathering and intermixing of staff groupings. For example, staggered work hours, relocation to other facilities.
        - → Telecommuting or working from home.
        - → Removing tables and chairs in breakrooms.
        - → Limiting the number of people that may be seated at any one table.
        - → Staggering lunch breaks.
        - → Permitting employees to eat at their individual desks.
        - → Limiting the number of employees who may ride in the same vehicle.
        - → Establishing alternate means for the public to access essential services provided by the municipality, such as:
            - Drop boxes or slots for payments, book returns, etc.
            - Adding tables in front of service counters to maintain a 6-foot separation between the public and staff
            - Installing plexiglass panels with service slots to separate staff from the public being served.

- A BCP or COOP CHOOSE THE APPROPRIATE ACRONYM AND DELETE THE OTHER taskforce will be maintained to further develop and/or refine the plan based on the circumstances occurring.
- Ensure continuity of communication with staff and the public.
- Determine if critical vendors have developed a BCP or COOP CHOOSE THE APPROPRIATE ACRONYM AND DELETE THE OTHER and encourage them to do so.
- Ensure an adequate supply of pandemic response supplies such as surgical masks, tissues, hand cleaners, soap, and cleaning supplies.
- Establish a contract with a cleaning/sanitizing service in advance of the infectious disease outbreak to expedite access to their services when needed.

ADDITIONAL MEASURES UNDER CONDITIONS OF INCREASED SEVERITY

The CDC and/or local Department of Public Health may recommend additional measures to help protect staff and volunteers if global, national and/or state assessments indicate that infectious disease is causing more severe spread of the infectious disease. In addition, local health officials may elect to implement the additional measures listed by the CDC. Except for facility closures, these strategies have not been scientifically tested. However, the CDC wants communities to have tools to use that may be the right measures for their community and circumstances. INSERT NAME OF ENTITY will implement the following procedures as directed or deemed necessary:

Implement Workplace Controls

INSERT NAME OF ENTITY will use a framework called the “hierarchy of controls” to select ways of controlling workplace hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure.

During infectious disease outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and personal protective equipment (PPE). There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect workers from exposure to the infectious disease.

In addition to the types of workplace controls discussed below, CDC guidance for businesses provides employers and workers with recommended infection prevention strategies (the standard for infectious disease control) to implement in workplaces:

Engineering Controls

Engineering controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement.

Engineering controls for infectious disease:

- There are currently no known feasible engineering controls available to INSERT NAME OF ENTITY.

Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard.

Examples of administrative controls for infectious diseases include:

- Encouraging sick workers to stay at home.
- Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible.
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time.
- Allowing workers to maintain distance from one another while maintaining a full on-site work week.
- Discontinuing nonessential travel to locations with ongoing infectious disease outbreaks. Regularly check CDC travel warning levels on the CDC website.
- INSERT NAME OF ENTITY's emergency communications plan will be used by all employees, including a forum for answering workers' concerns and Internet-based communications. Send questions to INSERT NAME/TITLE.
- INSERT NAME OF ENTITY will continuously provide workers with up-to-date education and training on the infectious disease outbreak risk factors and protective behaviors (e.g., cough etiquette and care of PPE).

Safe Work Practices

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. The following are examples of safe work practices for infectious diseases similar to the SARS-CoV-2 type infectious disease; however, additional or different work practices will be developed as needed. The general infectious disease work practices include:

- Providing resources and a work environment that promotes personal hygiene. For example, provide tissues, adequate trash cans, hand soap, alcohol-based hand rubs containing at least 70% isopropyl alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.

- Requiring regular handwashing or using of alcohol-based hand rubs. Workers should always wash hands when they are visibly soiled and after removing any PPE.
- Post handwashing signs around the facilities.

Personal Protective Equipment (PPE)

While engineering and administrative controls are considered more effective in minimizing exposure to infectious diseases, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Examples of PPE include gloves, goggles, face shields, face masks, and respiratory protection, when appropriate. During an outbreak of an infectious disease recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of the infectious disease.

INSERT NAME OF ENTITY will check the state and federal Occupational Safety and Health Administration (OSHA) and CDC websites regularly for updates about recommended PPE.

All types of PPE will be:

- Selected based upon the hazard to the worker
- Properly fitted and periodically refitted, as applicable (e.g., respirators)
- Consistently and properly worn when required
- Regularly inspected, maintained, and replaced, as necessary
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment

INSERT NAME OF ENTITY will provide employees with PPE needed to keep them safe while performing their jobs. The types of PPE required during an infectious disease outbreak will be based on the risk of being infected while working and job tasks that may lead to exposure.

Employees who work within 6 feet of persons known to be or suspected of being infected and those performing aerosol-generating procedures need to use respirators: REMOVE THIS SECTION IF YOU DO NOT HAVE FIRE FIGHTERS, PARAMEDICS, EMT PERSONNEL, OR NURSE/MEDICAL SERVICES.

- National Institute for Occupational Safety and Health (NIOSH)-approved N95 filtering facepiece respirators or better must be used in the context of a comprehensive, written respiratory protection program that includes fit-testing, training, and medical exams.

  See OSHA's Respiratory Protection standard, 29 CFR 1910.134 at https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134

NOTE: Due to the nature of our work and public service, we will NOT issue respirators as PPE from COVID-19. If an employee shows signs or symptoms, they will be asked to leave the facility and seek medical attention to include a 14-day quarantine period.

Follow Existing Cal/OSHA and OSHA Standards

Existing Cal/OSHA and OSHA standards may apply to protecting workers from exposure to and infection.

Cal/OSHA's Bloodborne Pathogens Standard CCR, Title 8, Section 5193 applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit infectious respiratory diseases.

Cal/OSHA's Aerosol Transmissible Disease (ATD) Control CCR, Title 8, Section 5199 applies to occupation exposure to ATDs such as tuberculosis (TB), severe acute respiratory syndrome (SARS), meningitis, pertussis (whooping cough), and seasonal influenza.

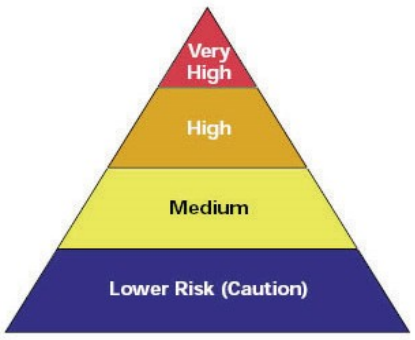
However, the provisions of each standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) and aerosol transmissions not covered by the standard.

During outbreaks of infectious disease, OSHA may provide information about standards and requirements related to record keeping, illness/injury recording, sanitation, risk communication related to hazardous chemicals in sanitizers and cleaning products, and other pertinent information. See the OSHA and Cal/OSHA webpages for information.

Classifying Worker Exposure to Infectious Diseases

Worker risk of occupational exposure to infectious diseases such as SARS-CoV-2 may be classified as very high, high, medium, or lower (caution) risk. The level of risk depends in part on the profession type, need for contact within 6 feet of people known to be or suspected of being infected, or requirement for repeated or extended contact with persons known to be or suspected of being infected. The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.

Occupational Risk Pyramid for Infectious Diseases



Very High Exposure Risk

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of infectious diseases such as COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include: REMOVE IF YOU DO NOT HAVE PARAMENDICS OR EMTs

- First Responders (e.g., paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected infectious diseases such as COVID-19 patients.

High Exposure Risk

High exposure risk jobs are those with high potential for exposure to known or suspected sources of infectious diseases such as COVID-19. Workers in this category include:

- Medical transport workers (e.g., paramedics, ambulance vehicle operators) moving known or suspected infectious diseases such as COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have or suspected of having infectious diseases such as COVID-19 at the time of their death.

Medium Exposure Risk

Medium exposure risk jobs include those that require frequent contact or contact within 6 feet of people who may be infected but who are not known or suspected of being infected. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from locations with widespread infectious diseases (such as COVID-19) transmission. In areas where there *is* ongoing community transmission, workers in this category may have contact with the general public (e.g., in schools, high population density work environments, and some high-volume retail settings).

Lower Exposure Risk (Caution)

Lower exposure risk (caution) jobs are those that do not require contact with people known to be or suspected of being infected or have contact within 6 feet of the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Jobs Classified at Lower Exposure Risk (Caution): What to Do to Protect Workers

For workers who do not have frequent contact with the general public, employers should follow the general recommendations contained in https://www.osha.gov/Publications/OSHA3990.pdf. This planning guide to preparing for the COVID-19 outbreak will provide applicable guidelines for most infectious disease outbreaks.

EngineeringControls

Additional engineering controls are not anticipated to be needed for workers in the lower exposure risk group. Cal/OSHA requires employers to ensure engineering controls, if any, used to protect workers from other job hazards continue to function as intended. If conditions or recommendations from the CDC change, INSERT NAME OF ENTITY will investigate the feasibility of implementing the CDC recommended engineering controls.

Administrative Controls

- Monitor public health communications from reliable sources about infectious diseases and ensure workers have access to that information. Frequently check the CDC website.
- Collaborate with workers to designate effective means of communicating important infectious diseases information.

Personal Protective Equipment

Additional PPE is not anticipated to be needed for workers in the lower exposure risk group. Workers should continue to use the PPE, if any, they would ordinarily use for other job tasks. If conditions or recommendations from the CDC change, INSERT NAME OF ENTITY will provide the CDC recommended PPE.

Active Screening

CHECK WITH YOUR HUMAN RESOURCES AND LEGAL ADVISOR FOR THE LEGALITY OF IMPLEMENTING THESE SCREENING PROCEDURES

INSERT NAME OF ENTITY will check staff and visitors for fever and other symptoms of flu when they get to work in the morning and will send those who exhibit symptoms home. Disposable or no contact infrared thermometers will be used to determine the presence of fever. Those taking the temperatures will be trained in bloodborne pathogens and will utilize PPE, such as nitrile or vinyl gloves, face masks, and disposable gowns. This will also require controlled and secure building access protocols. Throughout the day, staff will be vigilant in identifying other staff who appear ill.

Additionally, all employees and visitors will complete and submit a medical questionnaire prior to entry as part of the daily screening process. A sample medical questionnaire is located in Appendix A of this document. This form may be amended as needed to reflect the symptoms identified by the CDC for the specific infectious disease outbreak that resulted in the plan's activation.

INSERT NAME OF ENTITY Site Location

- Maintaining copies of the completed forms

ENTITY SITE'S PERSON responsible for Safety

- Reviewing the completed forms
- Making the determination for allowing access to site locations (see Access Determination below)
- Checking the appropriate box at the bottom of the questionnaire based on the Access Determination
- Retaining copies of the completed form

Access Determination

If Any question is blank (no response)	Access Denied
If Any question is answered Yes	Access Denied
If All questions are answered No	Access Granted

High-Risk Staff Members Stay Home

People at high-risk of flu complications will be urged to talk to their doctor about staying home from work when there is an increase of infectious disease circulating in the community. INSERT NAME OF ENTITY will permit staff to work at home as outlined in Staff section above.

Staff with Ill Household Members Stay Home

INSERT NAME OF ENTITY will require staff who have an ill household member to stay home for 14 days from the day the first household member got sick. This is the time period they are most likely to get sick themselves. They will also be given handouts explaining what the symptoms of the infectious disease are.

Increase Distance between People

INSERT NAME OF ENTITY will use the following methods to increase distance between people who remain at work:

- Conduct meetings via telephone calls and web-based conferencing
- Remove tables and chairs in breakrooms to reduce the number of personnel who can be comfortably seated in the breakrooms
- Limit the number of people that may be seated at any one table
- Stagger lunch breaks
- Permit employees to eat at their individual desks
- Limit the number of employees who may ride in the same vehicle

Extend the Period for Ill Persons to Stay Home

If infectious disease severity increases, people with flu-like illness must stay home for at least 14 days, even if they have no more symptoms of the pandemic infectious disease. If people are still sick, they must stay home until 72 hours or the CDC or NIH recommended hours, whichever is greater, after they have no symptoms.

STAFF TRAINING

All INSERT NAME OF ENTITY staff will be trained on the hazards associated with exposure to the infectious disease and the protocols in place within the INSERT NAME OF ENTITY facilities to isolate and report cases and/or reduce exposures. Minimum training will include:

- Cough and sneeze etiquette
- Hand hygiene
- Avoiding close contact with sick persons
- Avoiding touching eyes, nose, and mouth with unwashed hands
- Avoiding sharing personal items with co-workers (i.e. dishes, cups, utensils, towels)
- Providing tissues, no-touch disposal trash cans, and hand sanitizer for use by employees
- Performing routine environmental cleaning of shared workplace equipment and furniture (disinfection beyond routine cleaning is not recommended)
- Advising employees to check CDC's Traveler's Health Notices prior to travel

- Use and purpose of PPE
- INSERT NAME OF ENTITY's Aerosol Transmissible Disease Control Plan REMOVE THIS LINE IF NOT APPLICABLE – THE ATD STANDARD ONLY APPLIES TO HEALTH-CARE PROVIDERS, HEALTH-CARE FACILITIES, FIRE, PARAMEDICS, MEDICAL TRANSPORTATION SERVICES, POLICE, CORRECTIONAL FACILITY, AND CERTAIN LABORATORIES.

WORKERS' COMPENSATION:

If employees believe that they were possibly exposed to the infectious disease at work, they must inform their supervisor and seek medical attention immediately. Any employees wishing to file a workers' compensation claim related to the communicable disease and exposure may do so by completing all required paperwork and submitting it to INSERT TITLE.

INFORMATION TECHNOLOGY AND CYBER SECURITY

INSERT NAME OF ENTITY's Information Technology (IT) Department has a critical role in ensuring INSERT NAME OF ENTITY's information and finances are secure. As a standard protocol IT ensures the system is backed up and the backup system tested. Additional steps will be taken by IT when the Infectious Disease Outbreak Response Plan is activated. IT will:

- Examine the information system's backup protocols to ensure the backup is being adequately complete.
- Test the information system to ensure data can be restored from backups.
- Disconnect one backup from the network in case of ransomware attack.
- Ensure:
    - Virtual Private Networks (VPN) are updated
    - Network infrastructure devices, wireless devices, and devices being used to remote into work environments are updated with the latest operating systems, software patches, and security configurations
    - Remote access log review, attack detection, and incident response/recovery are ramped up to accommodate more remote users and increased attacks
    - Multifactor authentication is provided on all VPN connections
    - Remote workers use very strong passwords
    - Where multifactor authentication is not provided, remote work has been approved in writing by INSERT TITLE and passwords must be at least 16 characters containing numbers, symbols, upper/lower case letters, and spaces
    - Remote workers have access to the telephone system or are provided with business telephones
    - Remote workers have the necessary monitors, laptops, and printers to carry out their duties remotely

    - Remote Desktop Protocol (RDP) is not used, as this protocol connects the user to another computer remotely over a network connection and leaves the RDP client ports open to the Internet, leaving the user vulnerable to attackers that scan blocks of IP addresses for open RDP ports
    - Remote access solution capacity is tested and increase the capacity as needed
- Review and revise as needed the INSERT NAME OF ENTITY's telework policy to ensure it outlines:
    - Expectations,
    - Hours,
    - Duration,
    - Equipment,
    - Software,
    - Monitoring,
    - Confidentiality,
    - Removable media,
    - Security, reviews,
    - Travel expenses,
    - Performance standards,
    - Communication,
    - Accessibility, and
    - Emergency operations including dependent care and other non-employment responsibilities.
- Enhance system monitoring to receive early detection and alerts on abnormal activity.
- Provide remote workers with written "Working at Home" protocols that include information and instruction regarding:
    - Using caution when trying to view real interactive dashboards of infections and death rates. These are often used in malicious websites and emails to spread password-stealing malware.
    - Purchasing digital infection kits that use an interactive map as part of a Java-based malware deployment scheme.
    - Email scams that prey on a person's desire to help during an infectious disease outbreak. These types of emails inform the recipient to open an attached document that includes information about safety measures that then directs users to a page that asks for their email address and password.
    - Never providing their email addresses, passwords, or personal information.
    - Using caution before opening attachments in email; these may be PDFs, MP4s, and docx files indicating they are coming from the CDC.
    - Review emails for grammatical errors in the address or message as these may be indicative of a potential cyber-attack.
    - Provide security awareness training programs that can be viewed remotely.

RECOVERY

INSERT NAME OF ENTITY service recovery from the spread of an infectious disease will begin when it is safe to resume to normal operations. The INSERT NAME OF ENTITY will comply with orders from county, state, and/or federal government agencies.

Before returning to normal operation of pre-event status:

- Assess existing impact of the infectious disease on INSERT NAME OF ENTITY provided services
- Evaluate the response actions taken by the INSERT NAME OF ENTITY as a result of the infectious disease
- Determine effectiveness of existing plan to respond to similar events in the future
- Revise existing plan as necessary to address any deficiencies
- Evaluate lessons learned
- Review and revise procedures, as needed
- Retrain staff, as needed

RECORD KEEPING

INSERT NAME OF ENTITY will maintain records associated with this infectious disease response plan including, but not limited to:

- Training records;
- Vaccination records;
- Documentation of exposure incidents;
- Records of inspection, testing, and maintenance of non-disposable engineering controls, in accordance with INSERT NAME OF ENTITY's Aerosol Transmissible Disease Plan DELETE THIS LINE IF THE ENTITY DOES NOT HAVE FIRE, PARAMEDIC, HEALTH CARE OR POLICE SERVICES;
- Records required by Cal/OSHA, Section 5144, Respiratory Protection, if employees wear respirators.

ADDITIONAL SOURCES OF INFORMATION

Cal/OSHA has important information on its website spotlighting precautions for those who may become exposed to an infectious disease at. https://www.dir.ca.gov/dosh/.

There are federal agencies and international organizations that have further resources.

- The CDC has additional online resources at https://www.cdc.gov/.
- The World Health Organization (WHO) has information on infectious disease outbreak at https://www.who.int/

Appendix A – Medical Questionnaire

Health Questionnaire

SITE LOCATION _____

REASON FOR VISIT/TYPE OF WORK BEING PERFORMED _____

Form Should Be Completed Prior to Allowing Site Access for the First Time Effective for all Employees and Visitors as of _____ **Date**

PLEASE DECLARE "YES" OR "NO" (by marking in the appropriate box) TO THE FOLLOWING QUESTIONS:

1. Have you had a fever a new or worsening cough, and shortness of breath within the last 24 hours?
   YES ☐ NO ☐
2. Has a household member had a fever, a new or worsening cough, and shortness of breath, or tested positive for COVID-19, within the last 2 weeks?
   YES ☐ NO ☐
3. Have you had close contact with an individual who had a fever cough and shortness of breath, or has tested positive for COVID-19, within the last 2 weeks? *(Close contact is considered closer than 6 feet for a prolonged period and/or being coughed or sneezed on)*
   YES ☐ NO ☐
4. Have you traveled anywhere outside of this area in the last 14 days?
   YES ☐ NO ☐

Signature: _____ Name: _____

Name of Employer or Purpose of Visit: _____

Date: _____

ACCESS GRANTED ☐

ACCESS DENIED ☐