

PANDEMIC FLU PLAN  
FOR THE FORT COLLINS  
SEVENTH DAY ADVENTIST  
CHURCH

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Developed by the Pandemic Task Force and the Leadership  
of the Fort Collins Seventh Day Adventist Church.

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## INTRODUCTION

### WHAT IS THE PURPOSE OF THIS PLAN?

The purpose of this plan is to lessen the impact of an influenza pandemic that will cause disruption and fear in the Seventh Day Adventist Church and the surrounding community. This plan will address the operation of the Fort Collins SDA Church before, during and after a pandemic occurs.

### WHAT IS INFLUENZA PANDEMIC?

A pandemic occurs when a new influenza virus emerges and the human population has little or no immunity to the virus. It will spread rapidly around the world. Countries can delay the virus from entering by closing its borders but it cannot be stopped. The health care system will be overwhelmed because of the number of ill and dying people wanting and needing medical care. There will be a shortage of medical supplies, staff, hospital beds, and medical equipment and medicine to meet the needs presented. There will also be social and economic disruptions. There will be closing of schools, public meetings, possibly businesses, transportation delays etc.

The particular viral strain of concern is the H5N1. This strain, known as the Avian Flu, is carried by wild birds and is spreading from Asian to African and European nations. It is very contagious among birds and can be transmitted to domesticated birds such as chickens, ducks and turkeys. The virus has spread to humans through direct contact with infected birds, contaminated water or feed, and dirt or cages. So far, the spreading of this virus person to person is limited and has not continued spread beyond one person. The main concern about this virus is that it might change and infect humans and spread easily from one person to another. There would be little immunity among the human population. It has been estimated that the number of deaths in the United States could reach 1,800,000.

So far, there is no vaccine for this particular strain and most likely will not be available until after the first wave of the virus has passed. A wave is the time it takes the virus to pass around the earth and return to your location. There could be up to 3 waves of the virus each lasting 4 to 12 weeks in your community.

This particular strain has been around for a number of years and has not yet mutated to the point of becoming a threat to the human population, so why the concern? Here is a quote from John G. Bartlett, MD, ***Planning for Avian Influenza***, "Those who are skeptical about an H5N1 pandemic point out that genetic changes to facilitate efficient person-to person transmission are unlikely to occur by either mechanism since the virus has not acquired this property during 10 years of existence. If they are right, H5N1 will remain an avian pathogen that sporadically causes disease in people, with most cases occurring in those who have close contact with sick poultry, should we base our planning on this optimistic scenario? The problem for planners is that a pandemic like that of 1918 has unimaginable consequence and yet we can't calculate its probability. Most people feel that we should plan for the worst. Complacency is not acceptable. Furthermore, if H5N1 proves to have a limited impact, the planning will improve

*our preparedness for a future pandemic influenza strain or even another public health disaster, such as SARS (severe acute respiratory syndrome), smallpox or anthrax."*

Planning, for an influenza pandemic, is taking place on World (World Health Organization), Federal (Department of Health and Human Services and Centers for Disease Control), State and Local levels.

## **HOW IS THE UNITED STATES PREPARING FOR A PANDEMIC?**

The primary planning objectives are:

- Monitor disease spread to support rapid response
- Develop vaccines and vaccine production capacity
- Stockpiling antivirals and other countermeasures
- Coordinating federal, state and local preparation
- Enhancing outreach and communications planning

*Pandemic Planning Update Report* from Secretary Michael O. Leavitt March 3, 2006

## PANDEMIC PLANNING

### Faith-Based and Community Organizations Pandemic Influenza Preparedness Checklist

1. Plan for the impact of a pandemic on your organization and its mission:

Task	Not Started	In Progress	Complete
Assign key church personnel with the authority to develop, maintain and act upon an influenza pandemic preparedness and response plan.		X	
Determine the potential impact of a pandemic on your church's usual activities and services. Plan for situation likely to require increasing, decreasing, or altering the services your church delivers. This will include: Sabbath School, Worship Service, meetings, financial transactions, interaction with Conference, Call down list.		X	
Outline what the church structure will be during an emergency and revise periodically. The outline should identify key contacts with multiple back-ups, role and responsibilities, and who is suppose to report to whom.		X	
Identify and train essential church personnel needed to carry on your church's work during a pandemic. Include back up plans, cross-train volunteers in other jobs so that if volunteers are sick, others are ready to come in to carry on the work.		X	
Test your response and preparedness plan using an exercise or drill, and review and revise your plan as needed	X		

2. Communicate with and educate your church personnel, members, and persons in the communities that you serve.

Task	Not Started	In Progress	Complete
Find up-to-date reliable pandemic information and other public health advisories from state and local health departments, emergency management agencies, and CDC. Make this information available to your church and others.		X	
Distribute materials with basic information about pandemic			

influenza: signs and symptoms, how it is spread, ways to protect yourself and your family, family preparedness plans, and how to care for ill people at home.		X	
When appropriate, include basic information about pandemic in Church (e.g. sermons, classes, trainings, small group meetings, announcement, web site, and public meetings).		X	
Share information about your pandemic preparedness and response plan with members and persons in the community.		X	
Develop tools to communicate information about the pandemic status and the church's actions. This might include websites, flyers, local newspaper announcements, prerecorded phone messages etc.		X	
Consider the church's contribution to addressing rumors, misinformation, fear and anxiety.		X	

3. Plan for the impact of a pandemic on church members and the communities you serve:

Task	Not Started	In Progress	Complete
Plan for church personnel absences during a pandemic due to personal and/or family illness. This includes members with responsibilities during a pandemic, treasurer, janitor, pastor, elders etc.		X	
Identify persons with special needs such as the elderly, disabled, homeless, limited English speakers etc.). Be sure to include them in your response and preparedness plan. Establish relationships with them in advance so they will expect and trust your presence during a crisis.		X	

4. Set up policies to follow during a pandemic:

Task	Not Started	In Progress	Complete
Evaluate your church's usual activities and services to identify those that may facilitate virus spread from person to person. Set up policies to modify these activities to prevent the spread of pandemic influenza (e.g. guidance for respiratory hygiene and cough etiquette, and instructions for persons with influenza symptoms to stay home rather than come to church).		X	

Set procedures for activating your church's response plan when an influenza pandemic is declared by public health authorities and altering your church's operations accordingly.		X	
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5. Allocate resources to protect your church members, and persons in the community that you serve:

Task	Not Started	In Progress	Complete
Determine the amount of supplies needed to promote respiratory hygiene and cough etiquette and how they will be obtained.		X	
Consider focusing your church's efforts during a pandemic to providing services that are most needed during the emergency (e.g. spiritual/mental health, check on members, volunteering in the community etc).		X	

6. Coordinate with external organizations and help your community:

Task	Not Started	In Progress	Complete
Understand the roles of federal, state, and local public health agencies and emergency responders and what to expect and what not to expect from each in the event of a pandemic.		X	
Work with local and/or state public health agencies, emergency responders, local healthcare facilities and insurers to understand their plans and what they can provide, share about your preparedness and response plan and what your church is able to contribute, and take part in their planning. Assign a point of contact to maximize communication between your church and your state and local public health systems.		X	
Share what you've learned from developing your preparedness and response plan with other Faith-based and Community Organizations to improve community response efforts.		X	
Work together with other Faith-based and Community Organizations in your local area and through networks to help your community prepare for pandemic influenza.		X	
Coordinate the Church plan with the State and Local plans		X	

## PANDEMIC ASSUMPTIONS

The following assumptions have been used in planning. The levels we use will interface with the WHO Phases and U.S Government Stages and the Pandemic Severity Chart.

1. **The pre- level** of our plan will be for the planning period before a pandemic strikes. All operations will be normal.
2. **During level 1**, 5-10% illness and 10% absenteeism, we will prepare for the disruption of normal operations and this is when your plan will go into action.
3. **During level 2**, 10-20% illness and 25% absenteeism, illness will be spreading rapidly. All regular services at the Church will be suspended. We must use alternative methods to conduct Church business.
4. **During level 3**, 20-30% illness 40% absenteeism, all regular operations at the Church continue to be suspended. We will continue to use alternative communication methods.
5. I would like to note that level one will rapidly evolve to the next level etc. **Level 4** is the exception because the pandemic may occur in waves of 6-8 weeks and last 12 to 24 months. It is during the break in the waves that Level 4 will occur. **Level 4** is the recovery phase of the plan and during this time we will determine what Church operations will resume to normal and assess the pandemic plan. At this time, we will be planning for the possible next wave to present itself.
6. When planning we also need to take into account the following assumptions:
  - There could be travel restrictions and curfews
  - There could be a shortage of gas and if there is it would probably be used for police and emergency personnel
  - There could be interruptions in the internet and utilities
  - The health system will be overwhelmed
  - There will be a number of deaths occurring
  - We need to establish a system of communication
  - There needs to be a way to track our church membership
  - We need to plan for personnel backups
  - Plan for alternative worship methods
  - Plan for alternative meeting methods
  - Plan for alternative financial methods
  - Methods for education
  - Plan for community outreach

## **CHURCH OPERATIONS DURING A PANDEMIC**

### **CHURCH OPERATIONS LEVELS**

This plan establishes 5 levels. Each level will be used in conjunction with the WHO /U.S Government levels (page 11) and Pandemic Severity Trigger chart (page 12). The pandemic levels will alert us to put our plan into action. The departments of the Church have determined how they will function at each of the five levels.

### **PANDEMIC ACTIONS**

**Precautionary steps** - These are steps taken to prevent the spread of germs. The more we practice the use of hygiene principles they become ingrained into our everyday functions.

**Social Distancing** - Methods used to prevent or slow down the spread of a disease (page 13). The recommendations are:

- Home Voluntary Isolation - If sick stay home
- Home Voluntary Quarantine - Isolation of sick person from the rest of the family
- Child Social Distancing at School and Day Care - Possible closure of facilities
- Adult Social Distancing at Work and in the Community - Reducing contact with co-workers, finding alternative ways keep a healthy workplace to continue essential services, and possible closure of large gatherings.

**Use of Technology For Communication** - Alternative ways to keep in contact during a pandemic.

- Church Web Site
- E-mail
- Telephone

**Education** - The goal is to give information to the congregation to calm fear, anxiety, and knowledge on how the church will operate during a pandemic.

**Recovery** - This comes after the pandemic wave is over. We will determine when the members can attend services at the Church. It is also a time we will be evaluating the plan and how well it worked during the pandemic wave. It will be adjusted if necessary and we will prepare for the next wave if needed.

## PANDEMIC INFLUENZA

### WHO Global Pandemic Phases and the Stages for Federal Government Response

WHO Phases		Federal Government Response Stages	
<b>INTER-PANDEMIC PERIOD</b>			
<b>1</b>	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	<b>0</b>	New domestic animal outbreak in at-risk country
<b>2</b>	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
<b>PANDEMIC ALERT PERIOD</b>			
<b>3</b>	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	<b>0</b>	New domestic animal outbreak in at-risk country
		<b>1</b>	Suspected human outbreak overseas
<b>4</b>	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	<b>2</b>	Confirmed human outbreak overseas
<b>5</b>	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).		
<b>PANDEMIC PERIOD</b>			
<b>6</b>	Pandemic phase: increased and sustained transmission in general population.	<b>3</b>	Widespread human outbreaks in multiple locations overseas
		<b>4</b>	First human case in North America
		<b>5</b>	Spread throughout United States
		<b>6</b>	Recovery and preparation for subsequent waves

**Table 3. Triggers for Implementation of Mitigation Strategy by Pandemic Severity Index and U.S. Government Stages**

Pandemic Severity Index	WHO Phase 6, U.S. Government stage 3*	WHO Phase 6, U.S. Government Stage 4† and First human case in the United States	WHO Phase 6, U.S. Government Stage 5§ and First laboratory confirmed cluster in state or region¶
1	Alert	Standby	Activate
2 and 3	Alert	Standby	Activate
4 and 5	Standby**	Standby/Activate††	Activate

Alert: Notification of critical systems and personnel of their impending activation.

Standby: Initiate decision-making processes for imminent activation, including mobilization of resources and personnel.

Activate: Implementation of the community mitigation strategy.

\*Widespread human outbreaks in multiple locations overseas.

†First human case in North America.

§Spread throughout the United States.

¶Recommendations for regional planning acknowledge the tight

linkages that may exist between cities and metropolitan areas that are not encompassed within state boundaries.

\*\*Standby applies. However, Alert actions for Category 4 and 5 should occur during WHO Phase 5, which corresponds to U.S. Government Stage 2.

††Standby/Activate Standby applies unless the laboratory-confirmed case cluster and community transmission occurs within a given jurisdiction, in which case that jurisdiction should proceed directly to Activate community interventions defined in Table 2.

**Table A. Summary of the Community Mitigation Strategy by Pandemic Severity**

Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
<b>Home</b> <b>Voluntary isolation</b> of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	<b>Recommend†§</b>	<b>Recommend†§</b>	<b>Recommend†§</b>
<b>Voluntary quarantine</b> of household members in homes with ill persons¶ (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	<b>Generally not recommended</b>	<b>Consider**</b>	<b>Recommend**</b>
<b>School</b> <b>Child social distancing</b> -dismissal of students from schools and school based activities, and closure of child care programs  -reduce out-of-school social contacts and community mixing	<b>Generally not recommended</b>  <b>Generally not recommended</b>	<b>Consider:</b> ≤4 weeks††  <b>Consider:</b> ≤4 weeks††	<b>Recommend:</b> ≤12 weeks§§  <b>Recommend:</b> ≤12 weeks§§
<b>Workplace / Community</b> <b>Adult social distancing</b> -decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)  -increase distance between persons (e.g., reduce density in public transit, workplace)  -modify postpone, or cancel selected public gatherings to promote social distance (e.g., postpone indoor stadium events, theatre performances)  -modify work place schedules and practices (e.g., telework, staggered shifts)	<b>Generally not recommended</b>  <b>Generally not recommended</b>  <b>Generally not recommended</b>  <b>Generally not recommended</b>	<b>Consider</b>  <b>Consider</b>  <b>Consider</b>  <b>Consider</b>	<b>Recommend</b>  <b>Recommend</b>  <b>Recommend</b>  <b>Recommend</b>

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.

Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

Recommended = Generally recommended as an important component of the planning strategy.

\*All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks. Additional information on infection control measures is available at [www.pandemicflu.gov](http://www.pandemicflu.gov).

†This intervention may be combined with the treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available.

‡Many sick individuals who are not critically ill may be managed safely at home.

¶The contribution made by contact with asymptotically infected individuals to disease transmission is unclear. Household members in homes with ill persons may be at increased risk of contracting pandemic disease from an ill household member. These household members may have asymptomatic illness and may be able to shed influenza virus that promotes community disease transmission. Therefore, household members of homes with sick individuals would be advised to stay home.

\*\*To facilitate compliance and decrease risk of household transmission, this intervention may be combined with provision of antiviral medications to household contacts, depending on drug availability, feasibility of distribution, and effectiveness; policy recommendations for antiviral prophylaxis are addressed in a separate guidance document.

††Consider short-term implementation of this measure—that is, less than 4 weeks.

§§Plan for prolonged implementation of this measure—that is, 1 to 3 months; actual duration may vary depending on transmission in the community as the pandemic wave is expected to last 6-8 weeks.

Fort Collins Seventh-day Adventist Church

Conducting Church Services and Operations During a Pandemic - First working draft: November 15, 2007

	Pre-level	Level 1	Level 2	Level 3
Goal	Education and awareness	Continuation of services	Discontinuance of regular services	Intervention services only
Impacts	Normal illness rates	5-10% illness, 10% absenteeism	10-20% illness, 25% absenteeism	20-30% illness, 40% absenteeism
Church operation	All normal operations	Regular services and hours on Sabbath, cancel or postpone other gatherings	No regular services, no gatherings	No services
Pandemic Actions	Precautionary steps: Hand sanitizers and kleenex in church classrooms and bathrooms, hygiene signs in bathrooms. Coordinate church plans with state and local plans, share with other churches.	Planned backups for Pastor, Sabbath School teachers, and other leaders. Begin emphasis on social distancing and extreme hygiene. Increased awareness, education, availability of emergency supplies.	Implement notification system via phone and web. Provide internet resources and recorded services. Implement contact/resource team for home visits as requested. Utilize phone contact, phone conferences and small group meeting of healthy individuals.	Implement Church critical response team for security of Church. Continuation of notification system via phone and web. Continuation of resource team for home visits as requested.
Worship Services	All normal operations	Normal Worship and Sabbath School services	Encourage home worship and Sabbath School services, small group meetings.	Continuation of home worship and Sabbath School services.
Outreach Services and Opportunities	Determine supplies needed at church and available for home kits, possible fund raiser or care ministry. Determine community outreach opportunities, including education.	Volunteers to pass out useful information to public, in public. Information and volunteers for medical care in home setting. Use of church as makeshift clinic or shelter?	Volunteers to help with child care, homeless, homebound, senior citizens, disabled. Counselors for prayer, bible studies, lost loved ones, support, etc	Continuation of volunteer help for members and community.
Funeral Services	As normal	Available, but with social distancing emphasized	Not available at church. Location and time will be determined by pandemic severity.	Not available at church. Location and time will be determined by pandemic severity.
Meetings	All normally scheduled	Meetings as needed. Essential agenda items only. Prepare for disruption of regular meeting schedules and increased absenteeism. Encourage phone conferences and postponing some meetings	Implement emergency meeting plans. Suspend all but essential meetings. Utilize phone conferences, web meetings, and email for conductin essential business. Prepare for backup and substitution of essential members, especially leaders.	Continuation of emergency meeting plans. Essential operations only and support for intervention services only.
Financial	Business as usual	All regular transactions available. Prepare for backups. Prepare for disruption of income and giving. Implement notification plans to members on giving during a pandemic; mail, EFT, drop box. Implement pandemic funding plans, movement of funds to ready availability. implement pandemic funding policies; suspend budget?	Maintain essential business financial operations. Implement communication plan with members and clients of changes in financial capabilities. Utilize phone and email for communication with church leadership. Utilize electronic transactions as much as possible too insure effective financial activity.	Support emergency operations and intervention services. Continuation of emergency financial operations.

## CHURCH EDUCATION

Pre - level	Level 1	Level 2	Level 3	Level 4
<p>Determine what supplies will be needed at the church:</p> <ul style="list-style-type: none"> <li>• Gloves</li> <li>• Masks</li> <li>• Hand sanitizer</li> <li>• Tissues</li> </ul> <p>Check supplies periodically.</p> <p>Post signs on proper protocol on how not to spread germs.</p> <p>Use newsletter, Church website, disaster plan, handouts, and sermons to distribute information about pandemic.</p> <p>Monitor County, State, and Federal levels for new information and possible ban on public gatherings.</p>	<p>Continue to keep the supplies at the Church if needed.</p> <p>Inform membership about non-pharmaceutical interventions.</p> <p>Inform members about Red Cross home care kit.</p> <p>Continue to education methods.</p> <p>Continue to monitor the County, State and Federal levels for new information.</p>	<p>Church will most likely be closed but if not continue to check supplies.</p> <p>Continue education through appropriate methods.</p> <p>Continue to monitor County, State and Federal levels, for new information and for a ban on public gatherings.</p>	<p>Church will be closed, continue to check on status of pandemic and relay information to members through appropriate methods.</p>	<p>When the pandemic wave passes, adjust plan if necessary.</p> <p>Prepare members for another pandemic wave if needed.</p> <p>Continue to monitor County, State and Federal level for new information.</p>

## CHURCH FACILITIES

Pre- Level	Level 1	Level 2	Level 3	Level 4
<p>All operations as normal.</p> <p>Educate the people responsible for the Church facility on what their duties will be while the Church will be closed.</p>	<p>The church will be secured by the lead Deacon on Sabbath. All other meetings will be cancelled.</p> <p>The status of the Church facility will be checked on by the Pastor, Elders, Operation Director, Deacons multiple times during the week on a rotational basis.</p> <p>The contact people for the church will be the Pastor, Head Elder, Operations Director, Asst. Head Deacon, and Head Deaconess.</p> <p>Deacons and Deaconesses will be a backup for the janitor. They will work on a rotational basis.</p> <p>Phone messages will be retrieved by the custodial staff and /or those designated above to check on the Church facilities.</p> <p>Mail will be retrieved by the custodial staff and/or those designated above to check on the Church facilities. The mail will be deposited at a set location to be distributed by the Lead Deacon on Sabbath.</p> <p>General maintenance by Operations Director and Deacons as required and permitted.</p>	<p>Church facilities prepared for lockdown.</p> <p>Pastor, Elders, Operations Director, Deacons, Deaconesses on a rotational basis twice weekly.</p> <p>Contact people same as level one</p> <p>Janitor N/A as the Church facility will be locked down.</p> <p>Remote retrieval of messages by Operations Director, Communications Director, Webmasters. Forward information to appropriate individual.</p> <p>Pastor, Elder, Operation Director, Deacons, Deaconesses when checking on the church facility. All essential mail will be forwarded to appropriate individuals.</p> <p>Operations Director &amp; Deacons will provide limited maintenance as required by and permitted; performed by single individuals only.</p>	<p>Same as level 2</p> <p>Pastor, Elders, Operations Director, Deacons, Deaconesses, on a rotational basis as allowed by conditions, restrictions, and curfews.</p> <p>Contact people same as level one</p> <p>Janitor same as level 2</p> <p>Remote retrieval of messages by Operational Director, communications Director, Web Masters, Head Elder, Head Deacon, Forward information to appropriate individuals or their backups.</p> <p>Mail same as level 2</p> <p>Emergency maintenance only to protect the safety and security of the Church physical plant.</p>	<p>Determine if the Church facilities can be re-opened and what the level of services will resume</p> <p>Evaluate the current actions/plan and adjust as necessary for the next wave of illness or recovery phase.</p>

## FINANCIAL OPERATIONS

Level 1	Level 2	Level 3	Level 4
<p>Goal; Business as usual, prepare for disruption of income Regular transactions from in-person giving and mail or electronic receipts and billing notices</p> <p>Notices: Prepare for back up treasurer to assist treasurer</p> <p>Prepare for extreme disruption of giving</p> <p>Implement notification plans to members on instructions for giving during a pandemic</p> <p>Implement pandemic funding plans - movement of funds to ready availability</p> <p>Implement pandemic funding policies</p>	<p>Goal; maintain essential business financial operations</p> <p>Implement communication plan with members and clients of changes in financial capabilities</p> <p>Utilize phone and email for communication with Church leadership</p> <p>Utilize electronic transactions as much as possible to insure effective financial activity</p>	<p>Goal; Support emergency operations and intervention services</p> <p>Continuation of emergency operations and intervention services</p>	<p>Determine when Financial Committee can meet to evaluate plan and adjust if necessary.</p> <p>Determine financial impacts on the Church and plan accordingly.</p> <p>Determine what needs to happen if another wave should occur.</p>

## FUNERAL SERVICES OR MEMORIALS

Level One	Level Two	Level Three	Level Four
<p>Funeral Services or Memorials can be conducted at the church. Social distancing methods recommended.</p> <p>Give out information from the Coroner's office for contacting authorized personnel for a death at home and any other recommendations to streamline this process.</p> <p>Make sure that Burial Form information has been collected and centralized for possible future use.</p>	<p>Services location and time will be determined by the severity of the pandemic.</p> <p>Contact by Elders and Resource Teams will be critical at this time to help persons who have lost a loved one.</p>	<p>Services location and time will be determined. Virtual funerals are a possible option if social gatherings are prohibited.</p> <p>Contact remains critical.</p>	<p>Determine when services can be held at church.</p> <p>Review plan and adjust if necessary.</p> <p>Prepare for the next wave if necessary.</p>

## General Guidelines for Handling the Deceased For A Death at Home

The Larimer County Coroner's Office has developed a Mass Disaster Preparedness and Response Plan. The Larimer County Flu Plan section on Dealing with Human Deaths states that "many decisions about having handling of the deceased will be made on an *ad hoc* basis" because not every contingency can be planned for. Due to the overwhelming number of deaths, there will probably be temporary storage facilities set up to process the bodies. The bodies will need to be cremated, embalmed, put in cold storage or collectively buried within 24 hours of death. Patience will be the key word for this process, depending on the number of deaths this process could take a while to go through the required steps and documentation.

### **Pronouncement of Death**

- Would need to call someone authorized, normally done by a physician or coroner. It will be determined how to contact this person during a pandemic.

### **Certificate of Death**

- This must be signed within 48 hours of the death normally it is done by a physician or coroner. It is under consideration to do this *en masse* after collecting the bodies during a pandemic.

### **Death Certificate**

- The process might be streamlined and alternative methods might be used to issue a death certificate.

### **Body Wrapped**

- The remains of a pandemic victim are not a significant threat to those handling them. The person providing this service will need to use the standard rules for handling infected remains. The body needs to be in a sealed, leak proof container. The following information needs to be on the container: name, date of birth, social security number, location of origin, etc. This service is under consideration to be provided for a death at home and would take place in conjunction with transportation to the morgue.

### **Transportation to the Morgue**

- This can be done in an unmarked vehicle, and no need for a special driver's license, usually done by the funeral director because it requires a state form. During a pandemic this job could be done by trained volunteers or there might be provisions made so the family could take the body to the storage facility.

### **Funeral or Memorial Service**

- This service is normally provided by a funeral director. The location and time of the funeral or memorial service and burial will be determined by the severity of the pandemic. In order for a body to be buried or cremated, there must be an Authorization for Final Disposition or Burial Permit obtained by "the funeral director or person acting as such who first assumes custody of a dead body". (Larimer County Flu Plan) The process to obtain this form might be streamlined during a pandemic.

**BURIAL INFORMATION FOR PANDEMIC**

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
TOWN \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ (OPTIONAL)

**NEXT OF KIN/OTHER CONTACT INFORMATION**

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
TOWN \_\_\_\_\_  
STATE \_\_\_\_\_  
ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

**NEXT OF KIN/OTHER CONTACT INFORMATION**

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
TOWN \_\_\_\_\_  
STATE \_\_\_\_\_  
ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

**BURIAL INFORMATION**

CASKET \_\_\_\_\_  
CREAMATION \_\_\_\_\_

**HAVE YOU PURCHASED A BURIAL PLOT?**

CEMETARY \_\_\_\_\_  
PLOT NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TOWN \_\_\_\_\_  
STATE \_\_\_\_\_  
ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

**DO YOU HAVE A PRE - BURIAL AGREEMENT?**

MORTUARY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TOWN \_\_\_\_\_  
STATE \_\_\_\_\_  
ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

**This information is only collected at the time of a pandemic and will be kept in a secure place.**

## SABBATH SCHOOL DISASTER PLAN

	Level 1	Level 2	Level 3	Level 4
Conducting Sabbath school	Teachers coordinate among themselves who will teach each week. Ideally, only one teacher will attend each week in order to limit chances of infection. If both teachers are ill, the Sabbath School director will locate substitute teachers or merge classes.	<p>Sabbath School classes are suspended. Online Sabbath School resources are: <a href="http://www.ssnet.org">www.ssnet.org</a></p> <p><a href="http://www.sabbathschoolu.org">www.sabbathschoolu.org</a></p> <p><a href="http://www.adventist.org/bible_study/sabbath_school.html.en">www.adventist.org/bible_study/sabbath_school.html.en</a></p> <p><a href="http://sabbathschoollessons.com">http://sabbathschoollessons.com</a></p> <p>Elders will assess additional needs within their regional care groups and pass information as needed to the Sabbath School director or an individual's Sabbath School teacher.</p>	See Level 2	Gradually resume regular operations. Refine plan for the next wave of illness.
Distribution of Materials	Unless the pandemic occurs at the beginning of a new quarter, members will already have their usual materials.	Elders assess the need for additional materials and arrange for them to be provided, if possible. This may include alternative materials. Changes to quarterly orders must be made 6 months in advance, so it will not be practical to suspend the receipt of materials.	See Level 2	Resume regular operations and refine plan for the next wave.

## SPRIRITUAL CARE

Pre-Level	Level One	Level Two	Level Three	Level Four
<p>Have the following in place:</p> <ul style="list-style-type: none"> <li>• Prayer sheet for sorrow and death</li> <li>• Phone lists</li> <li>• Archive of DVD's for download</li> <li>• Permission for use video's etc.</li> </ul> <p>Child Care</p> <ul style="list-style-type: none"> <li>• Legal form available if children need to be removed from parents household in case of illness or death of parents (check with Conference and County agencies)</li> <li>• Fireproof file or safe for documents</li> <li>• List of members willing to take in children</li> <li>• Update list every five years</li> <li>• Check to see if parents have made arrangements for their children in case of illness or death</li> </ul>	<p>Activate Elders and assign Regional Care Groups.</p> <p>Give the Elders the list of members to form the Resource Teams.</p> <p>Prepare backups.</p> <p>Activate men and women's group to fill in the gaps of care.</p> <p>Contact members missing by phone to find out condition and inquire about needs. Complete the Contact Checklist.</p> <p>Use Blessing Offering if necessary.</p> <p>Inquire if a home visit is necessary. Take the recommended precautions to prevent illness.</p> <p>Elders and Pastor prepare to provide comfort for the grief of a lost loved one.</p> <p>Activate members who are willing to take in children of ill parents.</p>	<p>Membership invited to worship at home or pod areas, if small groups are not subject to ban on public gatherings.</p> <p>Continue contact with membership by phone. Home visits should be limited.</p> <p>Be prepared to help with the death of members or their loved ones. Know where to access Burial Information form to help streamline the process. Know the number of County personnel to contact for a death at home.</p> <p>Be prepared to contact family members of ill and dying members.</p> <p>Continue to monitor homes with children in case they need care outside the home.</p> <p>Monitor mental health of Elders and Resource Teams</p>	<p>Continue to contact members to check on status. Limit to phone calls only.</p> <p>Continue to monitor mental health of Elders and Resource Teams</p>	<p>Debrief elder and resource teams. Check on mental health status of the teams.</p> <p>Make adjustments in the plan where necessary.</p> <p>Prepare for the next wave if necessary.</p>

## WORSHIP SERVICE

<b>Level One</b>	<b>Level Two</b>	<b>Level Three</b>	<b>Level Four</b>
<p>Worship services will be held at the Church until a ban on public gatherings is announced.</p> <p>Emphasize social distancing and hand washing.</p> <p>Ask those that are sick to stay home.</p> <p>Give information to members about the possible closing of the Church and alternative forms of worship.</p> <p>Give information to members about regional care groups and resource teams.</p> <p>Use map to inform members of other member's location (pods) nearest to them.</p> <p>Prepare for backup Worship Service Coordinator.</p>	<p>Encourage home worship</p> <p>Small group worship: may be able to worship in small groups or pod areas depending on the availability of gasoline, and if small groups are excluded from a ban on public gatherings.</p> <p>Emphasize social distancing and hand washing. If sick, please stay home.</p> <p>Keep in contact with other members through telephone, computer etc.</p> <p>Supplement your worship with resources available on the web.</p> <p>Share resources you have with other members.</p>	<p>Home worship continued, if technology fails you may be able to worship in pod area, if small groups are not subject to ban on public gatherings. Continue to emphasize social distancing and hand washing.</p>	<p>Determine when the Church can reopen for services.</p> <p>Evaluate plan and adjust if necessary.</p> <p>Plan for the next wave if necessary.</p>

## WORSHIP RESOURCES

Television: Three Angels Broadcasting Network (3ABN), Loma Linda Broadcasting Network (LLBN), Adventist Television Network (ATN)

Radio: Adventist World Radio (AWR),

A huge wealth of Information, inspiration, fellowship opportunities, and service opportunities for all ages can be found at various websites. There are so many, I won't list them. From just one website--our own local church's website--one can connect to the world church website, which provides more and more links to other excellent websites. I'd recommend that a web user start here: <http://fortcollinsenglish22.adventistchurchconnect.org/>

He or she will find:

church news

PDFs of quarterlies for all ages and other Sabbath School resources, including audio and video podcasts

links to the websites of our various departments and magazines, and those of other organizations, such as

the Pathfinder website

*Insight Online* for teens and collegiates

the *Guide* website with animation activities, videos, a CyberClub with supervised live chat for Juniors and Earliteens

the White Estate website, which includes a colorful e-zine for kids, *Visionary*

*It Is Written* website, which includes short devotional videos by Shawn Boonstra

The Quiet Hour, The Adventist Channel, Your Story Hour, Veggie Tales, Adventures in Odyssey, online Christian comic strips, and various radio shows, with local station listings

A few other websites which provide printed, audio, and video sermons and Sabbath School materials by SDA pastors, professors, and others, and audio versions of some books by Ellen White, such as *Steps to Christ* and *The Desire of Ages*:

<http://www.pineknoll.org/>

<http://www.pmchurch.tv/>

<http://www.sabbathschoolu.org/podcastlist.php>

<http://www.truthfortheendtime.com/>

<http://mcdonaldroad.org/bible/script/steps/>

## COMMUNICATION

### INCIDENT COMMAND SYSTEM (ICS)

This format is used nationally to manage an incident that becomes more complex as it grows in size. This system is used by emergency response agencies across the country. The Incident Command System is used to create charts to show the line of command during an incident.

### REGIONAL CARE GROUPS AND RESPONSE TEAMS

**Regional Care Groups** refer to geographical clusters of church members assigned to the care of a church officer (i.e., elder, deacon, deaconess) that lives in the geographical cluster. The groups were developed in response to the possibility that communication tools such as telephone and Internet as well as transportation systems, most notably gasoline supplies, may be disrupted in the event of a flu pandemic or other natural disaster. In the event of such disruptions, church officers can more easily visit and attend to the needs of members within their regions.

The church officer in charge of the **Regional Care Group** will maintain contact with members in his or her care. He/she will direct **Response Teams** (people that have volunteered to provide childcare, medical care, respite care, shopping trips, etc. for sick members) to ill members with needs.

### LOCATING THE CONGREGATION ON A MAP

Mapping the location of each church member's home is the first step in forming the Regional Care Groups. This may be done easily by entering members' addresses in Google Maps. A Google Map may be edited and shared online. Alternatively, addresses may be mapped on a regular street map.

## **COMMUNICATION WITH CHURCH CONGREGATION**

- **Pre-level:** Newsletter and Website.
- **Level 1:** Newsletter, Website, email chain. At this level, the Communications Director will work closely with the Community Services Direct, Head Elder, and Pastor to determine when to activate the Communication Chain and transition to the Elder Regional Care Groups for communications.
  - Only the Communications Direct, Community Services Direct, Head Elder, or Pastor will activate the communication chain.
- **Level 2:** The board of elders will begin maintaining contact with their regional care groups.
  - Each elder will designate a back-up contact (A deacon or deaconess) to take over his or her care group in the event of personal illness.
  - If Internet and phone services are disrupted, elders and deacons will try to make in-person contact with households in their regional care groups. They may also request that households geographically near each other make in-person contacts.
- **Level 3:** Continued use of communications chain and regional care groups

## **COMMUNICATION MATERIALS**

- Disaster preparedness materials will be made available in Spanish and large print.
- Where possible, pictorial materials will be made available.

## **EDUCATION OF THE CONGREGATION**

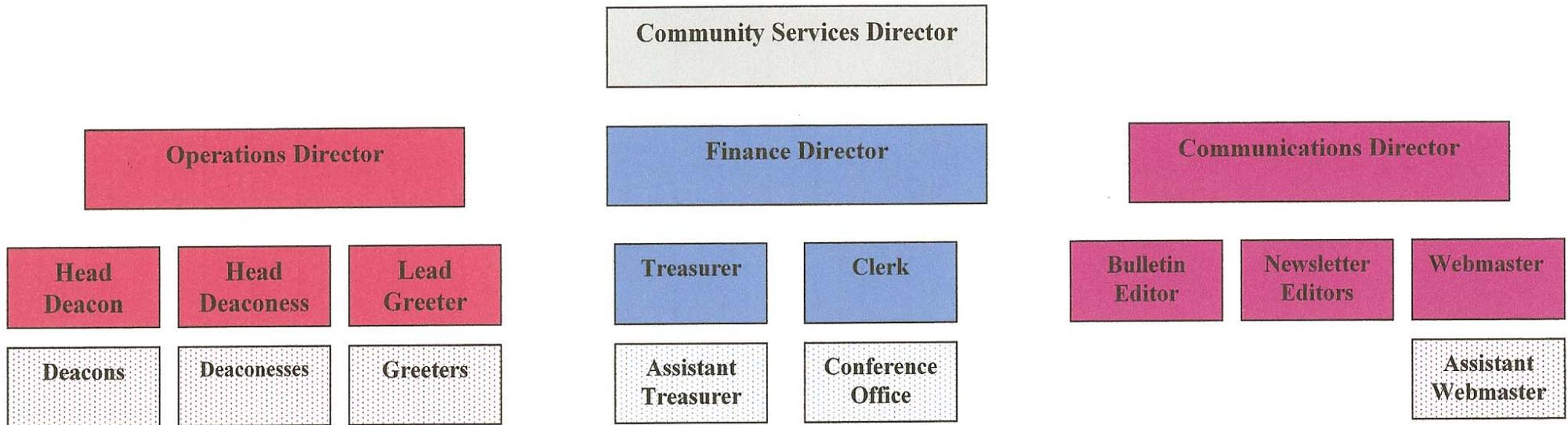
- Ongoing articles in the newsletter. Prepare a disaster manual to distribute to church members.

## **ADDRESS RUMORS, MISINFORMATION, FEAR AND ANXIETY**

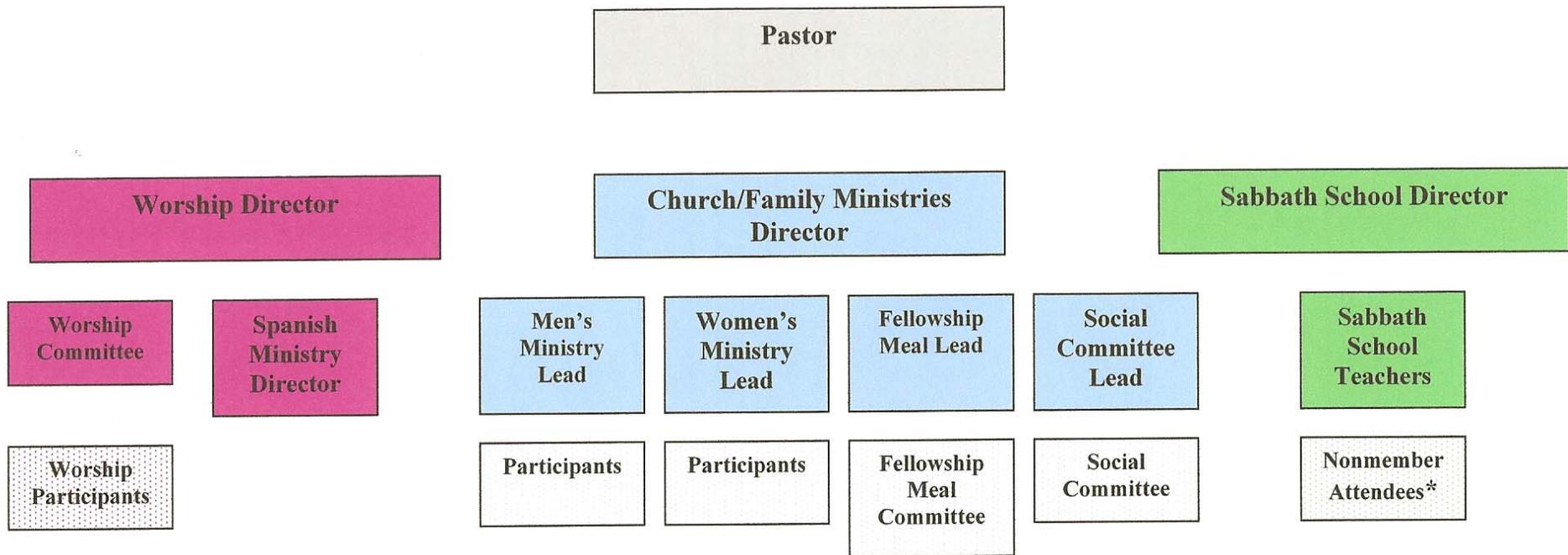
- Use the channels of communication described above to disseminate accurate information as it becomes available.
- Encourage advanced preparation.

## MEMBER NOTIFICATION

	<b>Pre Level</b>	<b>Level One</b>	<b>Level Two</b>	<b>Level Three</b>
<b>Member Notification</b>	Community services director publishes preparedness information in the newsletter and on the website.	Communication chain is activated. Notify members about changes in meeting schedules. Advise sick members to stay home.	Communication chain notifies members that worship services are canceled. Departments move to phone meetings.	Communication chain notifies members of cancellation of all public meetings.
	Members with computers are advised to monitor the website for up-to-date disaster information	Announcements about changes in meeting schedules are posted in the bulletin, newsletter, and on the website.	Announcements about changes continue in the newsletter and on the website.	Announcements about changes continue in the newsletter and on the website.
		Elders begin contacting their regional care groups. <ol style="list-style-type: none"> <li>1. Ask sick members to stay home</li> <li>2. Inform Response Team Coordinator about sick members</li> </ol>	Elders maintain contact with regional care groups and provide information about sick members to the Response Team Coordinator.  Elders identify spiritual care needs and direct members to appropriate resources.	Elders maintain contact with regional care groups and provide information about sick members to the Response Team Coordinator.  Elders identify spiritual care needs and direct members to appropriate resources.

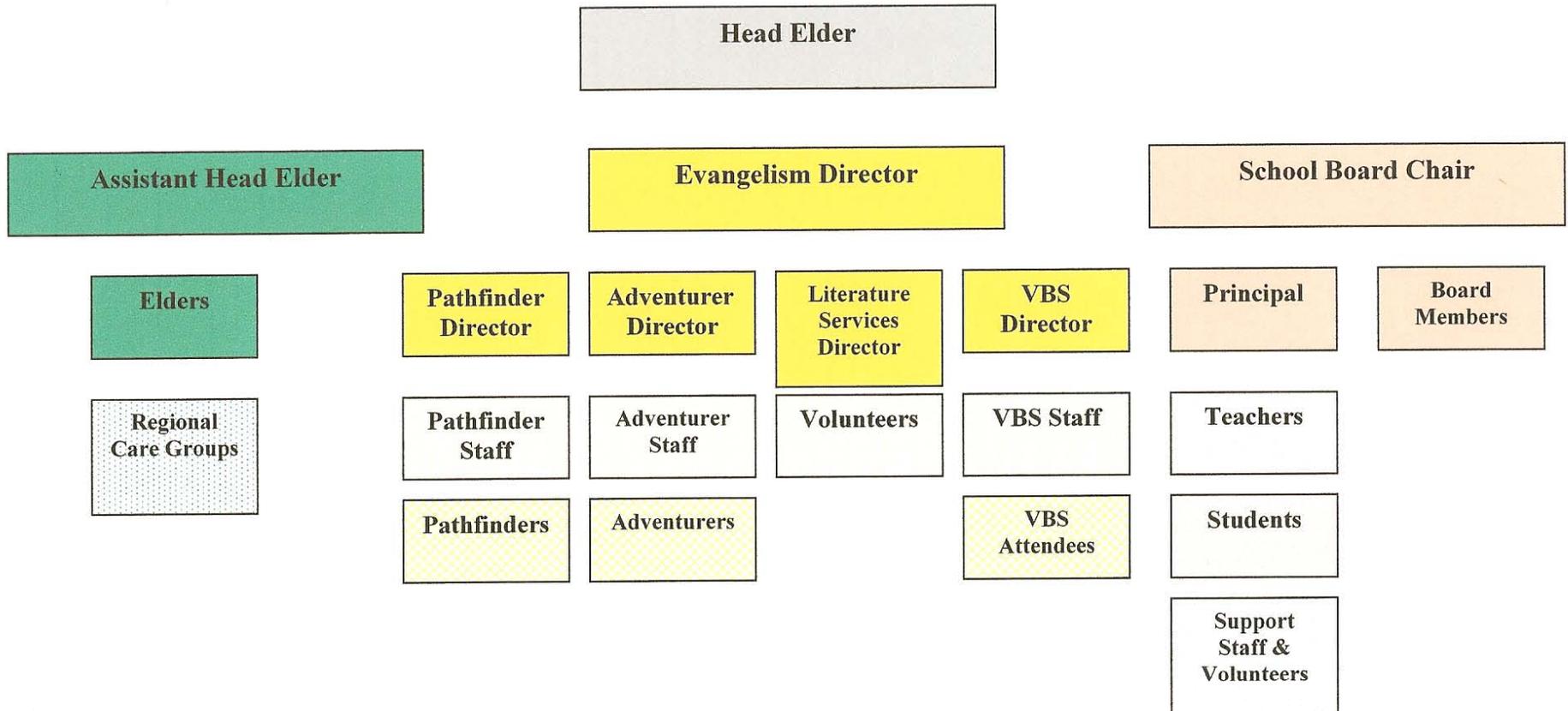


1. The Community Services Director, Head Elder, and Pastor coordinate with each other to activate the communication chain.
2. The Community Service Director contacts the Operations Director, Finance Director, and Communications Director.
3. These three individuals contact the officers indicated in solid colors below them.
4. Officers in solid boxes contact those in dotted boxes.
5. Officers in dotted boxes contact those in Xed boxes.



6. The Community Services Director, Head Elder, and Pastor coordinate with each other to activate the communication chain.
7. The Pastor contacts the Worship Director, Church/Family Ministries Director, and Sabbath School Director.
8. These three individuals contact the officers indicated in solid colors below them.
9. Officers in solid boxes contact those in dotted boxes.
10. Officers in dotted boxes contact those Xed boxes.

\*An elder will contact all members or friends listed in the master church directory. SS teachers may contact other regular attendees not yet listed in the directory.



11. The Community Services Director, Head Elder, and Pastor coordinate with each other to activate the communication chain.
12. The Head Elder contacts the Assistant Head Elder, Evangelism Director, and School Board Chair.
13. These three individuals contact the officers indicated in solid colors below them.
14. Officers in solid boxes contact those in dotted boxes.
15. Officers in dotted boxes contact those in Xed boxes.

# CONTACT CHECKLIST

Date of Contact: \_\_\_\_\_

**Household:** \_\_\_\_\_

**Current occupants (include ages):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone numbers:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Next of kin/other contacts (include contact information):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MENTAL / EMOTIONAL

**Stress level:** (L) 1 2 3 4 5 6 7 8 9 10 (H)

**Depression:** (L) 1 2 3 4 5 6 7 8 9 10 (H)

**Anxiety:** (L) 1 2 3 4 5 6 7 8 9 10 (H)

**Despair:** (L) 1 2 3 4 5 6 7 8 9 10 (H)

**Hope:** (L) 1 2 3 4 5 6 7 8 9 10 (H)

If high on depression or despair & low on hope, ask:  
Is suicide an option for you?  No  Yes

\_\_\_\_\_

\_\_\_\_\_

What changes have you experienced in:

Appetite \_\_\_\_\_

Sleep \_\_\_\_\_

Energy level \_\_\_\_\_

## PHYSICAL

**Who is sick and how severely ill? Where is the sick person?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Who has died? What arrangements do you need help with?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Current Needs

No      Yes      Description

Food  No  Yes \_\_\_\_\_

Other supplies  No  Yes \_\_\_\_\_

Medications  No  Yes \_\_\_\_\_

Transportation  No  Yes \_\_\_\_\_

Childcare  No  Yes \_\_\_\_\_

Respite care  No  Yes \_\_\_\_\_

Other \_\_\_\_\_

## SPIRITUAL

Spiritual Needs      No      Yes      Description

Prayer together  No  Yes \_\_\_\_\_

Activate prayer chain  No  Yes \_\_\_\_\_

Visitation  No  Yes \_\_\_\_\_

Literature  No  Yes \_\_\_\_\_

Audio/video materials  No  Yes \_\_\_\_\_

Other \_\_\_\_\_

Follow-Up Plan \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **COMMUNITY OUTREACH**

**Volunteer Coordinator at Church: ACS Disaster Relief Director**

**Community Contact for Volunteers: 211United Way**

## **ACS OPPORTUNITIES FOR CHURCH AND COMMUNITY**

Determine community outreach opportunities:

- Education on non-pharmaceutical interventions - recommendations from Health and Human Services, Hydrotherapy, hand washing, proper nutrition, etc.
- Meeting place for the community.
- Volunteers to pass out information to public.
- Information and volunteers for medical care in a home setting or a makeshift clinic.
- Child Care
- Homeless
- Homebound
- Senior Citizens
- Disabled
- Counselors for prayer, bible studies, lost love ones, support etc.

## INFORMATION AND FACT SHEETS

### Family Planning For a Pandemic

It is important that you start a plan in case a pandemic or some other emergency should arise. The following areas should be in your plan. This information has been recommended by the Centers of Disease Control.

#### Plan for an ill individuals to stay home

- Have a supply of non prescription items and medical supplies on hand to care for the ill person
- Talk about how the ill person will be cared for
- Make a decision on who will nurse the ill patient and have a backup
- Make sure you have emergency information available, blood type, medical conditions, current medication, Doctor's numbers etc.
- Give your family contact information to a friend or Church
- Have at least 2 week supply of food and water available in case you cannot make it to the store

#### Plan for the family of an ill individual to voluntarily stay home

- Consider the care of a special needs person in your family in case the services they usually rely on are not available

#### Plan for the closure of school, childcare facilities

- Find out what the school or childcare facility plans are for a pandemic
- Plan for alternative childcare if you are still able to work
- Plan family activities for the home setting
- Plan learning activities

#### Plan for workplace and social distancing measures, and possible closure

- Understand the work place pandemic flu plan if one is not available ask your employers if they are in the process of planning.

#### Help others



## What is Pandemic Flu?

A “pandemic” is a disease that spreads all over the world and affects a large number of people. If you are caring for a loved one during a pandemic, it’s important to take steps to protect yourself and others. Always follow the most current advice of the U.S. Department of Health and Human Services and your local health department.

## Prevent the Spread of Pandemic Flu

These healthy habits will help keep you and others from getting and passing on the virus.

- > Clean your hands often with soap and water or alcohol-based hand sanitizer.
- > Cover your mouth and nose with a tissue when you cough or sneeze and clean your hands afterward. Put used tissues in a wastebasket.
- > Cough or sneeze into your upper sleeve if you don’t have a tissue.
- > Keep your hands away from your eyes, nose and mouth to prevent germs from entering your body.

Also, a person with signs of the flu should:

- > Stay home from work, school and errands and avoid contact with others.
- > Consider wearing a surgical mask when around others. There may be benefits.

## When a Household Member Is Sick

The flu virus is spread when contaminated droplets exit the mouth and nose of an infected person and the virus comes in contact with others. So, follow these tips to protect yourself and others in your home:

- > Keep everyone’s personal items separate. All household members should avoid sharing computers, pens, papers, clothes, towels, sheets, blankets, food or eating utensils.
- > Disinfect door knobs, switches, handles, toys and other surfaces that are commonly touched around the home or workplace.

**Disinfectant:**  
1 gallon water  
¼ cup bleach  
Mix up a fresh batch every time you use it.

- > It is okay to wash everyone’s dishes and clothes together. Use detergent and very hot water. Wash your hands after handling dirty laundry.
- > Wear disposable gloves when in contact with or cleaning up body fluids.
- > One person should be the caregiver. He or she may benefit by wearing a mask when giving care.

## Practice Hand Hygiene

Caregivers should always wash their hands before providing care. Afterward, wash again and apply alcohol-based hand sanitizer as well. Follow these steps for proper hand hygiene:

1. Wet hands with warm, running water and apply liquid soap.
2. Rub hands vigorously for at least 15 seconds, covering all surfaces and fingers.
3. Scrub nails by rubbing them against the palms of your hands.
4. Rinse your hands with water.
5. Dry your hands thoroughly with a paper towel and use it to turn off the faucet. A shared towel will spread germs.

## Recognize Pandemic Flu Symptoms

Watch for these symptoms:

- > Fever
- > Cough
- > Runny nose
- > Muscle pain

Call your health-care professional at the first sign of the flu. Many symptoms can be treated by the health-care professional over the telephone.

## Care for a Loved One with the Flu

A person recovering from flu should have:

- > Rest and plenty of liquids
- > No alcohol or tobacco
- > Medications to relieve flu symptoms

In some cases, a health-care professional may prescribe antiviral drugs to treat the flu. Antibiotics (like penicillin) don’t cure it.



## Monitor Pandemic Flu Symptoms

Keep a care log. Write down the date, time, fever, symptoms, medicines given and dosage. Make a new entry at least every 4 hours or when the symptoms change. Call your healthcare professional again if your loved one has:

- > A high fever
  - Children and Adults:  
Greater than 105°F (40.5°C)
  - Babies 3- to 24-months-old:  
103°F (39.4°C) or higher.
  - Babies up to 3 months:  
Rectal temperature of 100.4°F (38°C) or higher.
- > Shaking chills
- > Coughing that produces thick mucus
- > Dehydration (feeling of dry mouth or excessive thirst)
- > Worsening of an existing serious medical condition (for example: heart or lung disease, diabetes, HIV, cancer)

If you cannot reach your health-care professional, **call 9-1-1** or local emergency number for any of the signs below:

- > Irritability and/or confusion
- > Difficult breathing or chest pain with each breath
- > Bluish skin
- > Stiff neck
- > Inability to move an arm or leg
- > First-time seizure

## Prevent Dehydration

Dehydration occurs when the body loses too much water and it's not replaced quickly enough. It can be serious. Begin giving soothing drinks at the first signs of the flu and follow these tips:

- > In addition to plenty of liquids, give ice and light, easily digested foods, such as soup and broth.

- > If your loved one has diarrhea or vomiting, give fluids that contain electrolytes. These are available at your pharmacy or grocery store. Or you can make your own rehydration electrolyte drink for someone over the age of 12.

**Electrolyte Drink:**  
 1 quart water  
 ½ tsp. baking soda  
 ½ tsp. table salt  
 3 to 4 tbsp. sugar  
 ¼ tsp. salt substitute  
 Mix well and flavor with lemon juice or sugar-free Kool-Aid®.

- > If drinking liquids makes nausea worse, give one sip at a time until your loved one can drink again.

## Reduce Fever

To help reduce a fever, do the following:

- > Give plenty of fluids.
- > Give fever-reducing medication, such as acetaminophen, aspirin or ibuprofen, as directed on the container's label. Do not give aspirin to anyone younger than 20.
- > Keep a record of your loved one's temperature in your care log.
- > To relieve discomfort, give a sponge bath with lukewarm water.

After you have called your doctor or emergency number for a fever, continue to follow the home treatment recommendations above. If there is a delay in getting help, ask a health-care professional if you should start an additional dose of an alternate fever-reducing medication (acetaminophen, ibuprofen or aspirin) between the doses described on the label. Always continue to give plenty of fluids.

## Home Care for Pandemic Flu

### Prepare for a Flu Pandemic

Make a plan now for a flu pandemic. Figure out what you will do if members of your household have to stay home from work or school or stay separated from others for a period of time. Keep extra supplies of food, water, medications and your disaster supply kit on hand.

#### Pandemic Flu Caregiving Supplies:

- > Thermometer
- > Soap
- > Box of disposable gloves
- > Acetaminophen
- > Ibuprofen
- > Bleach
- > Alcohol-based hand sanitizer
- > Paper towels
- > Tissues
- > Surgical masks (one for each person)
- > Sugar, baking soda, salt, salt substitute

**For more information, contact your local American Red Cross chapter, visit [www.redcross.org](http://www.redcross.org) or call 1-800-RED-CROSS.**

Many of the recommendations in this brochure are from the U.S. Department of Health and Human Services. This information is not intended as a substitute for professional medical care or current public health advice. Seek advice from your health-care provider, the CDC and your local health department. Visit [www.pandemicflu.gov](http://www.pandemicflu.gov).

As with all medications and treatments, there are side effects and potential complications. Seek professional advice from your health-care professional to make sure any medication or vaccination is appropriate to your health.

## **ATTACHMENT 1 SWINE FLU**

This section has been created in response to the Swine Flu outbreak in April of 2009. It contains informational material created by U.S Government agencies.

This particular virus is Influenza A, H1N1, and is composed of four components, North American Swine Influenza, European and Asian Swine Influenza, North American Avian Influenza, and Human Influenza. It is a novel virus and has gained human to human transmission. It is unknown at this time how virulent this virus will become. The Center for Disease Control (CDC) and the World Health Agency (WHO) are tracking this virus and will determine if it is to be declared a world wide pandemic. Information is best way to prevent hysteria. There are several web sites you can access for information.

### **Web Sites:**

**cdc.gov,  
pandemicflu.gov,  
World Health Organization.**



## Swine Flu

### QUESTIONS & ANSWERS

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## Key Facts about Swine Influenza (Swine Flu)

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### Swine Flu

#### What is Swine Influenza?

Swine Influenza (swine flu) is a respiratory disease of pigs caused by type A influenza virus that regularly causes outbreaks of influenza in pigs. Swine flu viruses cause high levels of illness and low death rates in pigs. Swine influenza viruses may circulate among swine throughout the year, but most outbreaks occur during the late fall and winter months similar to outbreaks in humans. The classical swine flu virus (an influenza type A H1N1 virus) was first isolated from a pig in 1930.

#### How many swine flu viruses are there?

Like all influenza viruses, swine flu viruses change constantly. Pigs can be infected by avian influenza and human influenza viruses as well as swine influenza viruses. When influenza viruses from different species infect pigs, the viruses can reassort (i.e. swap genes) and new viruses that are a mix of swine, human and/or avian influenza viruses can emerge. Over the years, different variations of swine flu viruses have emerged. At this time, there are four main influenza type A virus subtypes that have been isolated in pigs: H1N1, H1N2, H3N2, and H3N1. However, most of the recently isolated influenza viruses from pigs have been H1N1 viruses.

### Swine Flu in Humans

#### Can humans catch swine flu?

Swine flu viruses do not normally infect humans. However, sporadic human infections with swine flu have occurred. Most commonly, these cases occur in persons with direct exposure to pigs (e.g. children near pigs at a fair or workers in the swine industry). In addition, there have been documented cases of one person spreading swine flu to others. For example, an outbreak of apparent swine flu infection in pigs in Wisconsin in 1988 resulted in multiple human infections, and, although no community outbreak resulted, there was antibody evidence of virus transmission from the patient to health care workers who had close contact with the patient.

#### How common is swine flu infection in humans?

In the past, CDC received reports of approximately one human swine influenza virus infection every one to two years in the U.S., but from December 2005 through February 2009, 12 cases of human infection with swine influenza have been reported.

#### What are the symptoms of swine flu in humans?

The symptoms of swine flu in people are expected to be similar to the symptoms of regular human seasonal influenza and include fever, lethargy, lack of appetite and coughing. Some people with swine flu also have reported runny nose, sore throat, nausea, vomiting and diarrhea.

#### Can people catch swine flu from eating pork?

No. Swine influenza viruses are not transmitted by food. You can not get swine influenza from eating pork or pork products. Eating properly handled and cooked pork and pork products is safe. Cooking pork to an internal temperature of 160°F kills the swine flu virus as it does other bacteria and viruses.

#### How does swine flu spread?

Influenza viruses can be directly transmitted from pigs to people and from people to pigs. Human infection with flu viruses from pigs are most likely to occur when people are in close proximity to infected pigs, such as in pig barns and livestock exhibits housing pigs at fairs. Human-to-human transmission of swine flu can also occur. This is thought to occur in the same way as seasonal flu occurs in people, which is mainly person-to-person transmission through coughing or sneezing of people infected with the influenza virus. People may become infected by touching something with flu viruses on it and then touching their mouth or nose.

#### What do we know about human-to-human spread of swine flu?

In September 1988, a previously healthy 32-year-old pregnant woman was hospitalized for pneumonia and died 8 days later. A swine H1N1 flu virus was detected. Four days before getting sick, the patient visited a county fair swine exhibition where there was widespread influenza-like illness among the swine.

In follow-up studies, 76% of swine exhibitors tested had antibody evidence of swine flu infection but no serious illnesses were detected among this group. Additional studies suggest that one to three health care personnel who had contact with the patient developed mild influenza-like illnesses with antibody evidence of swine flu infection.

**How can human infections with swine influenza be diagnosed?**

To diagnose swine influenza A infection, a respiratory specimen would generally need to be collected within the first 4 to 5 days of illness (when an infected person is most likely to be shedding virus). However, some persons, especially children, may shed virus for 10 days or longer. Identification as a swine flu influenza A virus requires sending the specimen to CDC for laboratory testing.

**What medications are available to treat swine flu infections in humans?**

There are four different antiviral drugs that are licensed for use in the US for the treatment of influenza: amantadine, rimantadine, oseltamivir and zanamivir. While most swine influenza viruses have been susceptible to all four drugs, the most recent swine influenza viruses isolated from humans are resistant to amantadine and rimantadine. At this time, CDC recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with swine influenza viruses.

**What other examples of swine flu outbreaks are there?**

Probably the most well known is an outbreak of swine flu among soldiers in Fort Dix, New Jersey in 1976. The virus caused disease with x-ray evidence of pneumonia in at least 4 soldiers and 1 death; all of these patients had previously been healthy. The virus was transmitted to close contacts in a basic training environment, with limited transmission outside the basic training group. The virus is thought to have circulated for a month and disappeared. The source of the virus, the exact time of its introduction into Fort Dix, and factors limiting its spread and duration are unknown. The Fort Dix outbreak may have been caused by introduction of an animal virus into a stressed human population in close contact in crowded facilities during the winter. The swine influenza A virus collected from a Fort Dix soldier was named A/New Jersey/76 (Hsw1N1).

**Is the H1N1 swine flu virus the same as human H1N1 viruses?**

No. The H1N1 swine flu viruses are antigenically very different from human H1N1 viruses and, therefore, vaccines for human seasonal flu would not provide protection from H1N1 swine flu viruses.

## Swine Flu in Pigs

**How does swine flu spread among pigs?**

Swine flu viruses are thought to be spread mostly through close contact among pigs and possibly from contaminated objects moving between infected and uninfected pigs. Herds with continuous swine flu infections and herds that are vaccinated against swine flu may have sporadic disease, or may show only mild or no symptoms of infection.

**What are signs of swine flu in pigs?**

Signs of swine flu in pigs can include sudden onset of fever, depression, coughing (barking), discharge from the nose or eyes, sneezing, breathing difficulties, eye redness or inflammation, and going off feed.

**How common is swine flu among pigs?**

H1N1 and H3N2 swine flu viruses are endemic among pig populations in the United States and something that the industry deals with routinely. Outbreaks among pigs normally occur in colder weather months (late fall and winter) and sometimes with the introduction of new pigs into susceptible herds. Studies have shown that the swine flu H1N1 is common throughout pig populations worldwide, with 25 percent of animals showing antibody evidence of infection. In the U.S. studies have shown that 30 percent of the pig population has antibody evidence of having had H1N1 infection. More specifically, 51 percent of pigs in the north-central U.S. have been shown to have antibody evidence of infection with swine H1N1. Human infections with swine flu H1N1 viruses are rare. There is currently no way to differentiate antibody produced in response to flu vaccination in pigs from antibody made in response to pig infections with swine H1N1 influenza.

While H1N1 swine viruses have been known to circulate among pig populations since at least 1930, H3N2 influenza viruses did not begin circulating among US pigs until 1998. The H3N2 viruses initially were introduced into the pig population from humans. The current swine flu H3N2 viruses are closely related to human H3N2 viruses.

**Is there a vaccine for swine flu?**

Vaccines are available to be given to pigs to prevent swine influenza. There is no vaccine to protect humans from swine flu. The seasonal influenza vaccine will likely help provide partial protection against swine H3N2, but not swine H1N1 viruses.

## Related Links

[INFLUENZA: Pigs, People and Public Health \(Fact Sheet\)](#)

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## H1N1 Flu

# Interim Guidance for H1N1 Flu (Swine Flu): Taking Care of a Sick Person in Your Home

April 25, 2009 18:30 ET

*This document provides interim guidance and will be updated as needed.*

Swine influenza A virus infection (swine flu) can cause a wide range of symptoms, including fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting associated with swine flu. People with swine flu also can have vomiting and diarrhea. Like seasonal flu, swine flu in humans can vary in severity from mild to severe. Severe disease with pneumonia, respiratory failure and even death is possible with swine flu infection. Certain groups might be more likely to develop a severe illness from swine flu infection, such as persons with chronic medical conditions. Sometimes bacterial infections may occur at the same time as or after infection with influenza viruses and lead to pneumonias, ear infections, or sinus infections.

The following information can help you provide safer care at home for sick persons during a flu pandemic.

## How Flu Spreads

The main way that influenza viruses are thought to spread is from person to person in respiratory droplets of coughs and sneezes. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and deposited on the mouth or nose of people nearby. Influenza viruses may also be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose (or someone else's mouth or nose) before washing their hands.

People with swine flu who are cared for at home should:

- check with their health care provider about any special care they might need if they are pregnant or have a health condition such as diabetes, heart disease, asthma, or emphysema
- check with their health care provider about whether they should take antiviral medications
- stay home for 7 days after the start of illness and fever is gone
- get plenty of rest
- drink clear fluids (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from being dehydrated
- cover coughs and sneezes. Clean hands with soap and water or an alcohol-based hand rub often and especially after using tissues and after coughing or sneezing into hands.
- avoid close contact with others – do not go to work or school while ill
- be watchful for emergency warning signs (see below) that might indicate you need to seek medical attention

## Medications to Help Lessen Symptoms of the Flu

### Check with your healthcare provider or pharmacist for correct, safe use of medications

Antiviral medications can sometimes help lessen influenza symptoms, but require a prescription. Most people do not need these antiviral drugs to fully recover from the flu. However, persons at higher risk for severe flu complications, or those with severe flu illness who require hospitalization, might benefit from antiviral medications. Antiviral medications are available for persons 1 year of age and older. Ask your healthcare provider whether you need antiviral medication.

Influenza infections can lead to or occur with bacterial infections. Therefore, some people will also need to take antibiotics. More severe or prolonged illness or illness that seems to get better, but then gets worse again may be an indication that a person has a bacterial infection. Check with your healthcare provider if you have concerns.

**Warning!** Do *not* give aspirin (acetylsalicylic acid) to children or teenagers who have the flu; this can cause a rare but serious illness called Reye's syndrome. For more information about Reye's syndrome, visit the National Institute of Health website at [http://www.ninds.nih.gov/disorders/reyes\\_syndrome/reyes\\_syndrome.htm](http://www.ninds.nih.gov/disorders/reyes_syndrome/reyes_syndrome.htm)

- Check ingredient labels on over-the-counter cold and flu medications to see if they contain aspirin.

- Teenagers with the flu can take medicines *without* aspirin, such as acetaminophen (Tylenol®) and ibuprofen (Advil®, Motrin®, Nuprin®), to relieve symptoms.
- Children younger than 2 years of age should not be given over-the-counter cold medications without first speaking with a healthcare provider.
- The safest care for flu symptoms in children younger than 2 years of age is using a cool-mist humidifier and a suction bulb to help clear away mucus.
- Fevers and aches can be treated with acetaminophen (Tylenol®) or ibuprofen (Advil®, Motrin®, Nuprin®) or nonsteroidal anti-inflammatory drugs (NSAIDS). Examples of these kinds of medications include:

Generic Name	Brand Name(s)
Acetaminophen	Tylenol®
Ibuprofen	Advil®, Motrin®, Nuprin®
Naproxen	Aleve

- Over-the-counter cold and flu medications used according to the package instructions may help lessen some symptoms such as cough and congestion. Importantly, these medications will not lessen how infectious a person is.
- Check the ingredients on the package label to see if the medication already contains acetaminophen or ibuprofen before taking additional doses of these medications—don't double dose! Patients with kidney disease or stomach problems should check with their health care provider before taking any NSAIDS.

Check with your health care provider or pharmacist if you are taking other over-the-counter or prescription medications not related to the flu. For more information on products for treating flu symptoms, see the FDA website: [http://www.fda.gov/fdac/features/2005/105\\_buy.html](http://www.fda.gov/fdac/features/2005/105_buy.html).

#### When to Seek Emergency Medical Care

Get medical care right away if the sick person at home:

- has difficulty breathing or chest pain
- has purple or blue discoloration of the lips
- is vomiting and unable to keep liquids down
- has signs of dehydration such as dizziness when standing, absence of urination, or in infants, a lack of tears when they cry
- has seizures (for example, uncontrolled convulsions)
- is less responsive than normal or becomes confused

## Steps to Lessen the Spread of Flu in the Home

When providing care to a household member who is sick with influenza, the most important ways to protect yourself and others who are not sick are to:

- keep the sick person away from other people as much as possible (see “placement of the sick person at home”)
- remind the sick person to cover their coughs, and clean their hands with soap and water or an alcohol-based hand rub often, especially after coughing and/or sneezing.
- have everyone in the household clean their hands often, using soap and water or an alcohol-based hand rub
- ask your healthcare provider if household contacts of the sick person—particularly those contacts who may have chronic health conditions—should take antiviral medications such as oseltamivir (Tamiflu®) or zanamivir (Relenza®) to prevent the flu.

#### Placement of the sick person

- Keep the sick person in a room separate from the common areas of the house. (For example, a spare bedroom with its own bathroom, if that's possible.) Keep the sickroom door closed.
- Unless necessary for medical care, persons with the flu should not leave the home when they have a fever or during the time that they are most likely to spread their infection to others (7 days after onset of symptoms in adults. Children may pass the virus for longer than 7 days).
- If persons with the flu need to leave the home (for example, for medical care), they should cover their nose and mouth when coughing or sneezing and wear a loose-fitting (surgical) mask if available.
- Have the sick person wear a surgical mask if they need to be in a common area of the house near other persons.
- If possible, sick persons should use a separate bathroom. This bathroom should be cleaned daily with household disinfectant (see below).

#### Protect other persons in the home

- The sick person should not have visitors other than caregivers. A phone call is safer than a visit.
- If possible, have only one adult in the home take care of the sick person.
- Avoid having pregnant women care for the sick person. (Pregnant women are at increased risk of influenza-related complications and immunity can be

- suppressed during pregnancy).
- All persons in the household should clean their hands with soap and water or an alcohol-based hand rub frequently, including after every contact with the sick person or the person's room or bathroom.
- Use paper towels for drying hands after hand washing or dedicate cloth towels to each person in the household. For example, have different colored towels for each person.
- If possible, consideration should be given to maintaining good ventilation in shared household areas (e.g., keeping windows open in restrooms, kitchen, bathroom, etc.).
- Antivirals can be used to prevent the flu, so check with your healthcare provider to see if some persons in the home should use antiviral medications.

#### *If you are the caregiver*

- Avoid being face-to-face with the sick person.
- When holding small children who are sick, place their chin on your shoulder so that they will not cough in your face.
- Clean your hands with soap and water or use an alcohol-based hand rub after you touch the sick person or handle used tissues, or laundry.
- Caregivers might catch flu from the person they are caring for and then the caregiver might be able to spread the flu to others before the caregiver shows symptoms. Therefore, the caregiver should wear a mask when they leave their home to keep from spreading flu to others in case they are in the early stages of infection.
- Talk to your health care provider about taking antiviral medication to prevent the caregiver from getting the flu.
- Monitor yourself and household members for flu symptoms and contact a telephone hotline or health care provider if symptoms occur.

#### Using Facemasks or Respirators

- Avoid close contact (less than about 6 feet away) with the sick person as much as possible.
- If you must have close contact with the sick person (for example, hold a sick infant), spend the least amount of time possible in close contact and try to wear a facemask (for example, surgical mask) or N95 disposable respirator.
- An N95 respirator that fits snugly on your face can filter out small particles that can be inhaled around the edges of a facemask, but compared with a facemask it is harder to breathe through an N95 mask for long periods of time. More information on facemasks and respirators can be found at [www.cdc.gov/swineflu](http://www.cdc.gov/swineflu)
- Facemasks and respirators may be purchased at a pharmacy, building supply or hardware store.
- Wear an N95 respirator if you help a sick person with respiratory treatments using a nebulizer or inhaler, as directed by their doctor. Respiratory treatments should be performed in a separate room away from common areas of the house when at all possible.
- Used facemasks and N95 respirators should be taken off and placed immediately in the regular trash so they don't touch anything else.
- Avoid re-using disposable facemasks and N95 respirators if possible. If a reusable fabric facemask is used, it should be laundered with normal laundry detergent and tumble-dried in a hot dryer.
- After you take off a facemask or N95 respirator, clean your hands with soap and water or an alcohol-based hand sanitizer.

## Household Cleaning, Laundry, and Waste Disposal

- Throw away tissues and other disposable items used by the sick person in the trash. Wash your hands after touching used tissues and similar waste.
- Keep surfaces (especially bedside tables, surfaces in the bathroom, and toys for children) clean by wiping them down with a household disinfectant according to directions on the product label.
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first.
- Wash linens (such as bed sheets and towels) by using household laundry soap and tumble dry on a hot setting. Avoid "hugging" laundry prior to washing it to prevent contaminating yourself. Clean your hands with soap and water or alcohol-based hand rub right after handling dirty laundry.
- Eating utensils should be washed either in a dishwasher or by hand with water and soap.

## For More Information

The Centers for Disease Control and Prevention (CDC) Hotline (1-800-CDC-INFO) is available in English and Spanish, 24 hours a day, 7 days a week.

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## H1N1 Flu

# Interim Recommendations for Facemask and Respirator Use in Certain Community Settings Where H1N1 Influenza Virus Transmission Has Been Detected

April 27, 2009 011:00AM ET

*This document provides interim guidance and will be updated as needed.*

*Detailed background information and recommendations regarding the use of masks and respirators in non-occupational community settings can be found on [PandemicFlu.gov](http://PandemicFlu.gov) in the document [Interim Public Health Guidance for the Use of Facemasks and Respirators in Non-Occupational Community Settings during an Influenza Pandemic](#).*

Information on the effectiveness of facemasks<sup>1</sup> and respirators<sup>2</sup> for the control of influenza in community settings is extremely limited. Thus, it is difficult to assess their potential effectiveness in controlling swine influenza A (H1N1) virus transmission in these settings. In the absence of clear scientific data, the interim recommendations below have been developed on the basis of public health judgment and the historical use of facemasks and respirators in other settings.

In areas with confirmed human cases of swine influenza A (H1N1) virus infection, the risk for infection can be reduced through a combination of actions. No single action will provide complete protection, but an approach combining the following steps can help decrease the likelihood of transmission. These actions include frequent handwashing, covering coughs, and having ill persons stay home, except to seek medical care, and minimize contact with others in the household. Additional measures that can limit transmission of a new influenza strain include voluntary home quarantine of members of households with confirmed or probable swine influenza cases, reduction of unnecessary social contacts, and avoidance whenever possible of crowded settings.

When it is absolutely necessary to enter a crowded setting or to have close contact<sup>3</sup> with persons who might be ill, the time spent in that setting should be as short as possible. If used correctly, facemasks and respirators may help reduce the risk of getting influenza, but they should be used along with other preventive measures, such as avoiding close contact and maintaining good hand hygiene. A respirator that fits snugly on your face can filter out small particles that can be inhaled around the edges of a facemask, but compared with a facemask it is harder to breathe through a respirator for long periods of time. For more information on facemasks and respirators, visit the [CDC H1N1 Flu website](#).

When crowded settings or close contact with others cannot be avoided, the use of facemasks<sup>1</sup> or respirators<sup>2</sup> in areas where transmission of swine influenza A (H1N1) virus has been confirmed should be considered as follows:

1. Whenever possible, rather than relying on the use of facemasks or respirators, close contact with people who might be ill and being in crowded settings should be avoided.
2. Facemasks<sup>1</sup> should be considered for use by individuals who enter crowded settings, both to protect their nose and mouth from other people's coughs and to reduce the wearers' likelihood of coughing on others; the time spent in crowded settings should be as short as possible.
3. Respirators<sup>2</sup> should be considered for use by individuals for whom close contact with an infectious person is unavoidable. This can include selected individuals who must care for a sick person (e.g., family member with a respiratory infection) at home.

These interim recommendations will be revised as new information about the use of facemasks and respirators in the current setting becomes available.

For more information about human infection with swine influenza virus, visit the [CDC H1N1 Flu website](#).

<sup>1</sup> Unless otherwise specified, the term "facemasks" refers to disposable masks cleared by the U.S. Food and Drug Administration (FDA) for use as medical devices. This includes facemasks labeled as surgical, dental, medical procedure, isolation, or laser masks. Such facemasks have several designs. One type is affixed to the head with two ties, conforms to the face with the aid of a flexible adjustment for the nose bridge, and may be flat/pleated or duck-billed in shape. Another type of facemask is pre-molded, adheres to the head with a single elastic band, and has a flexible adjustment for the nose bridge. A third type is flat/pleated and affixes to the head with ear loops. Facemasks cleared by the FDA for use as medical devices have been determined to have specific levels of protection from penetration of blood and body fluids.

<sup>2</sup> Unless otherwise specified, "respirator" refers to an N95 or higher filtering facepiece respirator certified by the U.S. National Institute for Occupational Safety and Health (NIOSH).

<sup>3</sup> Three feet has often been used by infection control professionals to define close contact and is based on studies of respiratory infections; however, for practical purposes, this distance may range up to 6 feet. The World Health Organization uses "approximately 1 meter"; the U.S. Occupational Safety and Health Administration uses "within 6 feet." For consistency with these estimates, this document defines close contact as a distance of up to 6 feet.

## GLOSSARY AND ACRONYMS

**Antiviral:** A Drug that is used to prevent or cure a disease by prohibiting the virus from multiplying and spreading cell to cell.

**Avian Flu:** A highly contagious virus that has a mortality rate of 100% among the bird population. It can affect all types of birds but the most susceptible are turkeys and chickens. This virus can be carried by migratory birds and show no signs of the disease. Humans are rarely affected.

**CDC:** Center For Disease Control is a government agency that oversees public health issues. It is one of the 13 operating components of the Health and Human Services Department.

**Close Contact:** This is the distance that has been determined by health officials. You are to stand away from a person 3 to 6 feet to avoid any infection they might or might not have. It is part of the non-pharmaceutical practices used during a contagious disease breakout or pandemic.

**Face Mask:** A disposable mask that covers the nose and mouth of a person. This mask has been approved by the Food and Drug Administration (FDA) for medical use such as surgical, isolation, dental, medical procedure, and laser masks. A common dust mask is not approved by the FDA. There are several designs from which to choose and can be purchased at pharmacies, medical supply businesses and online.

**FDA:** An agency of the government that oversees the protection of public health by assuring the safety of food, human and veterinary drugs etc. It is one of the 13 major components of the Department Health and Human Services.

**Incident Command System:** This system is used nationwide to create a chain of command for emergency responders during an event. It can be expanded as the event grows in size.

**Isolation:** The separation of an infected person or persons from other persons to prevent the transmission of the disease.

**Novel Virus:** A new type of virus.

**N 95 Respirator:** A face piece that filters out particulates and is fluid resistant to possibly prevent exposure to infections. These have been certified by the U.S Occupational Safety and Health Administration (NIOSH). There are two types, disposable and reusable. These can be purchases through hardware stores, work safety stores, first aid companies also online.

**Pandemic:** A world wide breakout of a disease in humans.

**Pathogen:** A micro-organism that is able to cause disease.

**Quarantine:** Healthy people that are exposed to a contagious disease are asked to limit their travel outside a designated area. This limitation is for the time period that a disease would take to incubate and the person would or would not show signs of the infection. The purpose is to not expose other healthy people to the disease.

**Respiratory Droplets:** These are produced when a person coughs or sneezes. They are propelled through the air and can land on another person or an object which could be touched by another person. This is the way an influenza virus is spread from person to person.

**Social Distancing:** These are non- pharmaceutical methods to be used to limit the spread of and influenza. An example would be that mass gatherings would be banned (schools closed, church services cancelled).

**Virulent:** An organism that can spread rapidly and cause severe illness or death.

**WHO:** The World Health Organization, an agency of the United Nations that promotes cooperation to improve health conditions.